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ORAL HYGIENE

this issue:

THE
COLLECTION
PACKET
EXPOSED

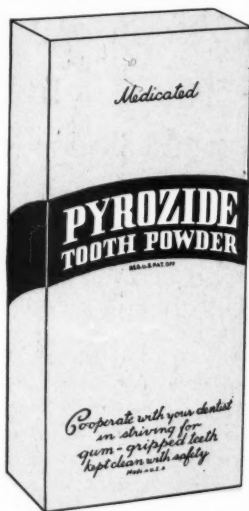
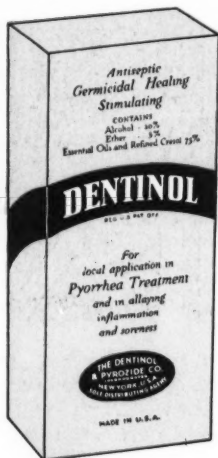
AUGUST, 1934

Largest audited circulation to
American Practicing Dentists
Member Controlled Circulation
Audit, Inc.

This page has been used by The Dentinol & Pyroside Co. from the time Oral Hygiene was first published in 1911.

For dentists' use
at the chair

For patients' use
as a dental powder



Dear Doctor:

The dentists, who started using the Dentinol and Pyroside method years ago when it was the first and only definite procedure for the treatment of Pyorrhea offered to the profession, were men deeply interested in the advancement of dentistry. Many of them are still practicing and as old friends write to us from time to time. We note that they try out new theories advocated but invariably return to the use of Dentinol at the chair in conjunction with instrumentation and recommend Pyroside for patients' use as a dentifrice.

The technique of correcting irritating causes of gum inflammation remains the same as demonstrated for ten years in our free clinics for the profession. The products, however, have been still further refined.

Your dental dealer will supply you with a bottle of Dentinol that must prove satisfactory to you or full credit will be given you for the dollar charged and you need not even bother to return the bottle. Pyroside can be obtained by patients at any drug store.

Why not see for yourself why these products are in demand throughout the civilized world due to professional acceptance rather than through claims advertised to the public.

Yours very truly,

L. V. SLAUGHT, Pres.

THE DENTINOL & PYROZIDE CO., INC.

Sole Distributing Agent

1480 Broadway,

New York City

An Aid in treating VINCENT'S INFECTION



PAINFUL and dangerous, Vincent's Infection has a systemic relation. Improper mastication, lack of appetite and intestinal disturbances frequently develop. Response to treatment is retarded . . . Toxic wastes accumulate . . . the digestive system functions imperfectly . . . the patient's resistance is lowered.

By keeping the digestive system normally active, a good appetite for nourishing foods is maintained. General good health speeds recovery. Sal Hepatica helps produce this desirable condition.

A saline laxative, it activates the body's natural



eliminative functions . . . gently yet thoroughly flushes the intestinal tract . . . rids it of waste . . . corrects calcareous deposits, salivary debris and neuritic and arthritic conditions resulting from an uric acid diathesis. And being mildly alkaline, it assists the blood stream to maintain normal alkalinity.

And even in long-continued use, Sal Hepatica does not create a condition of tolerance. Test Sal Hepatica. Let us send a complimentary supply. Just mail the coupon.



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• SAL HEPATICA •

MEMO to Bristol-Myers Co., 75L West Street, N. Y. C.

Without charge or obligation on my part, kindly send me samples of Sal Hepatica to be used for clinical purposes. (I enclose my card or letterhead.)

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Street _____

City _____ State _____

THE
Publisher's



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No. 157

CORNER

By MASS

BACK in 1928, when this department was printed only in the trade edition of ORAL HYGIENE, some CORNERS bravely begun on a Western trip were never completed. One started:

"This CORNER is being written in San Francisco, under blue skies and with the help of ocean breezes, breezes spiced with. . ."

Another, loaded with poesy, began: "This is being written to the tune of tumbling water, water swirling merrily about the boulders guarding the Yosemite's Happy Isles, water chuckling to itself over the luck that brought it from everlasting snow banks upon forbidding mountain peaks into such a lovely, friendly land—into the kindly shade of redwoods, into the sparkle of vagrant sunbeams. . ."

A shorter length that died on the vine in Canada told that "this month the CORNER is being written beside Lake Louise, where the sunlight reflects from



A sensible dentifrice for the whole family

Listerine Tooth Paste gives mothers a satisfying answer to their question: "How much must I pay for a good dentifrice for my family?"

The formula is a modern one—delightful to use, safe, protective, and enables the mother to halve the family tooth paste bill.

Knowing as you do the economic problems confronting most families today—suggest to your patients that they make the acquaintance of this popular dentifrice.

The new Double Size tube, priced at 40c, contains twice as much as the 25c tube—saves 20% more! Lambert Pharmacal Company, St. Louis, Mo.



REGULAR SIZE

25c

NEW DOUBLE SIZE 40c

invisible particles of glacial silt a glory of shimmering turquoise, where. . . ."

The old Nature Man couldn't hold his steam.

Written on that same trip, a squib which got itself printed in the trade edition was peppered with periods:

"Yosemite. . . Yosemite and the fire-fall. . . darkness and singing. . . circled by mountains. . . great dim shapes of mountains. . . Did they lock up the bears? . . . Three thousand feet up, on the brow of a sheer cliff—a camp fire. . . pin-point of flame. . . Nine o'clock and a voice like the deep tones of an organ. . . "Let the fire—*fall!*" . . . and from the cliff top, three thousand feet straight up. . . down through the dark silence, an answering whisper. . . "Aye. . . aye. . . sir!" . . . and the falling fire. . . flowing fire, tumbling cataract of hell-red embers. . . And the organ voice. . . "The Fire Song". . . Deep melody thundering sweetly. . . rising high to meet the waterfall of fire. . . fire hurrying down the dark blanket of the mountain night. . . I tingled and thrilled. . . the organ voice trailed away into silence. . . the last ember sped down from high darkness. . . and I thought again about bears. . . and hoped that each furtive noise was a night-prowling squirrel. . . Time for a sandwich. . ."

Another period-peppered squib—written on that trip for the then secluded CORNER—jelled in Wyoming:

"Cheyenne. . . and real Indians! Papas and mamas . . . standing silent beside wigwams in the station park . . . purple shirts. . . and beads. . . and war-bonnets. . . Indians. . . standing quiet as Coolidge. . . even the

mamas. . .the biggest brave has a faraway look in his eyes. . .probably thinking of vanished pomp. . .and scalp snatching. . .or how to meet the next payment on the new Whippet. . .The Wyoming sunset. . .the green-gray plain. . .and cattle silhouetted against the far-flung smouldering clouds. . .a purple curtain descends upon red glory. . .broad bands of holy light shining fanwise miles up the purple curtain. . .and then—the cool Wyoming night. . .soft and sweet as a baby's hand."

There was some more period-peppering in Indiana:

"The early morning light. . .Indiana the pancake . . .The morning sky. . .smeared with a priming coat of gray. . .ready for the rose tints. . .ragged holes in the gray. . .torn by the thumbs of inquisitive angels taking a look an Indiana. . .such a fancy idea to think up before breakfast. . .wonder if I forgot razor blades . . .I'll have a beard like Santa Claus. . .Why doesn't my moustache get wavy enough to wax? . . .A tree, lower limbs grounded, squats on the prairie. . .like a great green brimless derby. . .A pale pink barn. . .bet that farmer wears a lace nighty. . .sheep. . .but no black ones. . .why does a sheep's complexion make him a roue? . . .or does it? The New York Central passes. . .a lady *en deshabelle*. . .an old lady. . .a very old lady. . ."

* * *

Maybe some more poking in those old private editions, and among unfinished CORNERS, will help to fill these pages another time, as they have been filled—with flea-power effort—this steaming summer night.

S. S. White Scalers and Explorers

Every effort that you make to specify and obtain an S. S. White Scaler and Explorer will repay you in many ways. The practicality of their designs to the work that each must do speeds the operation, with less annoyance to the patient and with far less strain upon you.

This house takes a particular pride in its steel instruments. They are uniform, accurate, have the right balance or "feel," and every one is a thoroughly inspected instrument that you can depend upon.

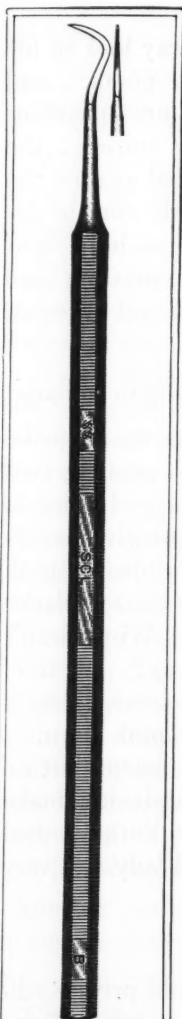
If in your cutting instruments you want the longest edge-holding steel that money can buy, ask for S. S. White Steel Instruments. If you want instruments that will always look bright and new, ask for S. S. White Tarno Instruments. Tarno, while not so hard as carbon steel, is nevertheless the hardest metal of the stainless and rustless group. It will require sharpening more often than our carbon steel, yet it compensates for this time by not requiring polishing, and Tarno instruments will never be discarded because of unsightly appearance.

Especially for all other than cutting instruments, specify Tarno.

*An illustrated folder of S. S. White
Scalers and Explorers will be
mailed to you upon request.*

THE S. S. WHITE DENTAL MFG. CO.
211 South 12th Street
Philadelphia, Pa.

Sold by Dental Dealers Everywhere



The Most Popular
Scaler
S. S. White "B"
Is universal for an-
terior teeth.
Four cutting edges,
push and pull cuts.
Carbon Steel, long
handle \$1.00
Tarno, long
handle ... 1.35



S. S. White Mouth Mirrors are
now made of TARNO

DENTES SANI *in* CORPORE SANO

Sound teeth in a Sound body...

No longer can the teeth be treated apart from the body as a whole. If the diet is defective, or if the patient suffers from constipation, these conditions must be corrected to secure best results from dental treatment.

Shredded Wheat tends to correct two common faults that contribute to dental caries:

1. It supplies ample calcium and phosphorus in a readily assimilable form.

2. It is mildly laxative, due to the bulk of its fibrous bran content.

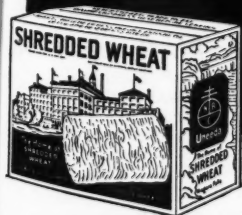
Composed of 100% whole wheat—nothing added, nothing

taken away—Shredded Wheat furnishes bran, minerals, carbohydrates, proteins and vitamins. As a breakfast food with milk and fruit, it is a most healthful, wholesome article of diet.

Your patient comes to you not only for dental treatment but also for advice. He respects your opinion as to the dentifrice he should use, and also as to the diet that is best suited to build strong, healthy teeth, resistant to decay.

Just one little suggestion from you—"Shredded Wheat for breakfast"—may contribute so much toward *dentes sani in corpore sano*.

SHREDDED WHEAT



MIGHTY GOOD FOR THE TEETH

Please be sure to get this package with the picture of Niagara Falls and the N. B. C. Uneda Seal.

A Product of NATIONAL BISCUIT COMPANY



"Uneda Bakers"



High Lights of A Century of Progress 1120

Practical realities of the new world of science compete with the charm of Old World villages for the center of the stage in A Century of Progress for 1934.

**A Discussion of Socialized Dentistry
Wallace G. Campbell, D.D.S. 1124**

Calling on dentists to be alert and guard against government control of dentistry, Doctor Campbell vigorously expresses his opinion of State dentistry when he says, "To the dentist who loves his work and has risen, or hopes to rise, to prominence in his profession through initiative, study, self-denial, and the development of his own special talents, State dentistry, if generally adopted, spells destruction of the things he holds dearest."

**Our Emotions—Are They the Controlling
Factor in Dental Caries?
E. F. Briggs, D.D.S. 1130**

A new and interesting theory on the cause of dental caries comes to light in this article. Says Doctor Briggs, "The emotions of grief, worry, anxiety, or whatever may produce unhappiness or a depressed state of mind seem to be factors that control either what has been termed the buffer substance in the oral fluids . . . or some change in the metabolism that is responsible for the occurrence of dental caries." Read this article and see if your observations tally with those of Doctor Briggs.

**The Idyl of the Idle Dentist
Morris Baewsky, D.D.S. 1135**

The perilous future of an idle dentist in this age of parasite parlors and pay clinics is the burden of this fable.

The Collection Racket . . . *Frank W. Brock* 1138

Sharp practices by which "collection agencies" flourish and victimize dentists by the hundreds are exposed in this illuminating article by a member of the New York Better Business Bureau. Mr. Brock points to the "hundred percenter" as one of the most vicious of these racketeers who gets his name from the fact that he is satisfied with a mere 100 per cent of the money he takes in for his "clients."

(CONTINUED ON PAGE 1119)

(CONTINUED FROM PAGE 1116)

Would You Like to Keep in Touch With Your Patients? F. van Minden, D.D.S. 1145

How the Educational Reprint Service of the Chicago Dental Society functions is explained in this interesting article.

1120 Editorial 1148

**Gold Foil—The Return of the Prodigal
Herbert Ely Williams, D.D.S. 1150**

**1124 Dentistry and the Life Insurance
Examination M. D. Gibbs, D.D.S. 1152**

Of the importance of including the teeth in life insurance examinations Doctor Gibbs says, "In this advanced age no general physical examination should ever be considered complete which does not carry with it a complete dental investigation."

**Preventive Dentistry is What?
Paul R. Stillman, D.D.S. 1157**

**Ask Oral Hygiene . . V. Clyde Smedley, D.D.S.,
and George R. Warner, M.D., D.D.S. 1161**

Questions on a variety of subjects, such as mottled enamel; septic cerebral embolus; roentgen rays and baldness; and the storing of radium emanations are answered comprehensively this month.

Dear Oral Hygiene 1166

Identification through dental work; codes; x-ray terminology; and dental unions are subjects on which readers express their opinions in this department.

The Dental Compass 1170

**135 Edward J. Ryan, B.S., D.D.S., Editor
Rea Proctor McGee, D.D.S., M.D., Editor Emeritus**

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934 August, 1934

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IN THIS ORAL HYGIENE

Highlights of A CENTURY OF PROGRESS

THE only World's Fair ever to be revived is well into its second performance on Chicago's lake front. And its program has been changed by special request. The 1934 version is musical, dramatic, colorful.

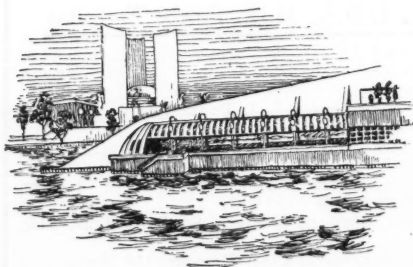
Doubt that the public was eager to be educated began to creep into the minds of A Century of Progress officials early last summer. As weeks went on and the gate receipts dwindled, this doubt deepened. And finally, in November, it crystallized into a decision to give a public, tired of the harsh realities of life, what it wanted—more beauty, more gaiety, more entertainment, and more atmosphere.

Although most of the excellent scientific and industrial exhibits have been retained, there have been important changes in the entire aspect of A Century of Progress. This year there are more restaurants, night clubs, gala operatic performances, symphony concerts, folk dances, and celebrities. Cocktails and hors d'oeuvre have become more important than the inside story of the atom. And the nights are more popular than the days.

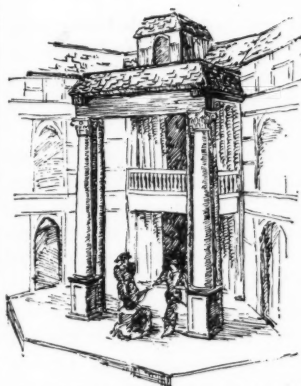
From the past has come the inspiration for the quaint little villages with quiet streets and village greens designed to replace the garish, jazzy Midway. Loud speakers blaring popular melodies and the wares of modern advertisers have yielded to symphony concerts. Harsh, discordant colors that irritated the nerves and strained the eyes have been toned down. Expanses of soothing white give some of the buildings an air of classic grace; and

there are more fountains and vistas of green landscape. Artists have attempted to please the eye rather than emphasize the strange quirks of a new and experimental architecture.

At night when the magnificent new lagoon fountain



A cafe scene on the lagoon



The stage of Shakespeare's Globe Theater

sends forth its myriad sprays of water, illuminated by rainbow colors; when flood lights cast a glamorous beauty over every building, and the spectacular display of fireworks bursts over the lagoon—even the most critical observer is impressed by the scene of incredible beauty.

Night, too, improves the old world atmosphere in the picturesque "main streets" of A Century of Progress. You'll find yourself yielding to the illusion of these synthetic villages. Their restaurants become gay night clubs and, on every village green and square, dancers in native costumes reproduce the folk dances of their own countries. And everywhere there is music—familiar haunting melodies from Swiss yodelers, Highland pipers, German bands, Venetian gondoliers, Hawaiian guitars, Irish harps, and strolling Spanish troubadours.

Another new center of night life is the Hiram Walker Exhibit on the North Lagoon, unlike anything in last year's exhibition. Under a whale-backed roof a model distillery is operated by dainty blondes in pink smocks. And, if you sit quietly at a table to make the transaction legal, you can buy a souvenir bottle for twenty-five cents. Down on the first floor, overlooking the lagoon, you'll find the Canadian Club Cafe an ideal place for dinner.

When its lively floor show is over, you'll be in time for a late performance in the Casino of the colorful, romantic Mexican village across on the island. Under flowered balconies, in a setting reminiscent of langorous nights south of



Folk dancers in Merrie England

the Rio Grande, dark-eyed *senoritas* and dashing *caballeros* dance to the click of castanets. There is an ancient Aztec ceremonial dance and, after the cock fights, there remains Old Mexico, in a new location with a Mexican chef, where the finest of hot tamales are served.

By day, you'll find this year's fair more amusing too. Even the dignified Hall of Science has yielded to the demand for entertainment. In its outdoor science theater "acts" show invisible rays and other mysterious powers in action performing feats of magic. Wireless telephony repeats from the stage conversations and interviews from all parts of the world.

In the Lagoon Theater free entertainments include concerts, a circus, a "water ballet," high diving and swimming exhibitions by Olympic stars. And concessionaires throughout the Fair are battling to see who can sign up the most celebrated moving picture and radio stars for personal appearances. The old Globe Theater in Merrie England is the setting for Shakespeare's plays. Every afternoon and evening, brief, amusing versions are competently produced by seasoned players.

The Chicago Symphony orchestra is playing every day for ten weeks through the courtesy of Swift & Company; and Henry Ford has kept his promise to have the Detroit Symphony orchestra entertain visitors for four hours each day.

Most impressive among the sights in this year's Century of Progress is Henry Ford's \$2,000,000 building. A towering white structure, it dwarfs all the other automobile exhibits. Inside you can see a parade of every type of Ford ever made as well as the world's largest photomural. But it is in the terse sentences imprinted high on the walls that you will sense the true spirit of the exhibit. In these Ford points the finger of scorn at radical economic theories, reasserts his faith in "rugged individualism," the soundness of American industry, and defies national planning.

In contrast to the speed of the machine age you'll discover quiet and repose in the Haeger Potteries exhibit—new this year. A group of San Ildefonso Indians demonstrate the making of pottery in their native setting. And, not far away, the Crane exhibit features one of the refinements of modern life in the shape of a \$10,000 bathtub.

Should you wish to see the A & P marionettes again, you will be disappointed, but instead you'll find yourself in a gay Hawaiian garden and restaurant in which native music and a diverting floor show are featured. The circus of trained fleas, managed last year by a German professor, has disappeared from

the Midway. But, if you like little things, there's a most interesting exhibit of "the smallest things in the world" in the Italian village—cricket ticklers from China, figurines, tiny animals, birds, little books, and dozens of other fascinating things in miniature.

The Royal Scot has left the Transportation Building, but you won't miss it when you see the stream-lined, high-powered, air-conditioned Zephyr that captured the world record for speed in its non-stop dash to the fair.

After you have tramped up and down for hours, comparing the fair that is with the fair that was, drop in at the Home Planning Hall and test the state of your nerves. Stand on the small trembling platform of the "wobble machine" and see how steadily you can hold yourself at the end of a day of sight-seeing. Only then will you realize what an exciting experience A Century of Progress that seeks to combine the scientific wonders of the present with the architecture of the future and the atmosphere of the past can be.

BRITISH SCIENTIST REPORTS ON DIET STUDIES

After seventeen years of research work on the effects of diet on the structure of the teeth and on dental disease, May Mellanby, wife of the physiologist Edward Mellanby of London, has published a third and final report on her work, entitled *THE EFFECT OF DIET ON DENTAL STRUCTURE AND DISEASE IN MAN*. Commenting on this monograph which, in the opinion of the Medical Research Council of Great Britain, is of revolutionary importance, the *Journal of the American Medical Association** says:

"It (this report) raises nutrition above oral hygiene as the chief means of protecting the teeth. Mrs. Mellanby has shown that the liability of a tooth to decay depends largely on the perfection of its structure, which in turn depends on nutritional influences during growth, both antenatal and postnatal. Ill formed (hypoplastic) teeth are much more common than has been supposed and are particularly liable to bacterial invasion. The teeth require for their formation adequate supplies of calcium and phosphorus and an ample supply of vitamin D to insure that these are put to use. The same factors are necessary for the health of the teeth during the rest of their lives, and especially for the healing of caries. Thus two main factors control the onset of caries: the better formed the teeth, the more resistant they are; and, independent of structure, resistance is directly influenced by diet."

*Abstracted from the Foreign Letters department, *Effects of Diet on Teeth*, J.A.M.A. 102:708 (March) 1934.

A Discussion of **SOCIALIZED DENTISTRY**

By WALLACE G. CAMPBELL, D.D.S.

WITHIN the past few years considerable space has been taken up in dental journals by articles on State or socialized dentistry. Some of the writers appear to have definite ideas on the subject, while others seem less sure of their ground.

At first, writers on the subject of State dentistry seemed to regard it as a purely dental question, one whose final disposal would be accomplished entirely through action taken within the ranks of dentistry. Lately, a better understanding of the situation is being manifested. Academic discussion by members of the profession may serve to bring enlightenment and clarify thought on the subject, but will settle nothing. Whatever its effect on the future of dentistry, the question is too far-reaching in its nature, involving the welfare of too many persons, to be disposed of in such a manner.

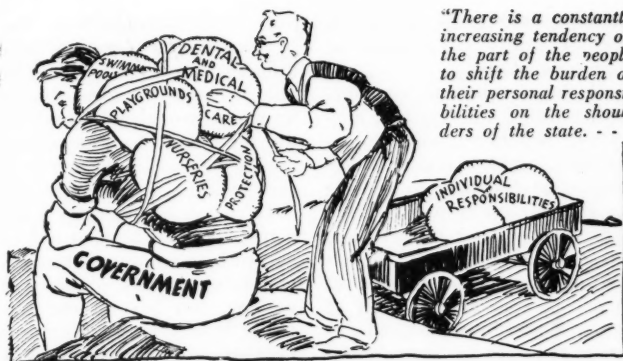
To a few the scheme seems to be one of real promise. Perhaps a larger number see in it a grave danger—something to be fought to the last ditch. Still others, though doubtful of its

merits, regard its legal adoption in a more permanent form than that of an emergency relief measure as inevitable.

It is not hard in these days to find a dentist, whose income does not keep pace with his expenses, getting whatever he can—which oftens means nothing—from the remnant of a clientele that formerly paid him well. Yet he knows that people are paying to public clinics fees that he, today, would consider remunerative.

To this man the prospect of a job, with regular pay, under some form of State dentistry, while perhaps not arousing much enthusiasm, undoubtedly has its appeal. In his case high ideals and hopes have been submerged in a struggle to survive.

Dentists, as a rule, tend to conservatism of thought and action, but occasionally we meet with one who looks on life from a more liberal or, shall we say, radical point of view and, being one who recognizes the dire need of dental service by a vast portion of our population, foresees in State or socialized dentistry the realiza-



"There is a constantly increasing tendency on the part of the people to shift the burden of their personal responsibilities on the shoulders of the state. - - -"



"... They hold the naive belief that, through this means, something may be obtained for nothing."

tion of his dreams. A benevolent state will administer to the public's dental needs; political dishonesty, together with official greed and incompetence, will somehow miraculously disappear. Dentists freed from financial worries, with leisure

for recreation and study, will consequently be capable of rendering better service; and a healthier happier race will result.

Well, it's a mighty attractive theory! But, even if it could be made to work, would its

blessings offset the inevitable loss of sturdy self-reliance in each one of us? .

If the government can furnish public kindergartens, nurseries, swimming pools, playgrounds, and various other measures designed to relieve parents of their responsibilities, why not also let it provide dental and medical care? That is getting to be the attitude of many persons today—each of whom hopes by some means or other to evade his share of the enormous tax burden such procedure would entail, or expects, thereby, to reap benefits enough to render the cost to him of little consequence.

To the dentist who loves his work and has risen, or hopes to rise, to prominence in his profession through initiative, study, self-denial, and the development of his own special talents, State dentistry, if generally adopted, spells destruction of the things he holds dearest. He visualizes the shattering of professional ideas, the stifling of genius, the loss of the incentive to excel and the vanishment of the friendly, confidential doctor-to-patient relation, under the the paralyzing blight of bureaucratic control, with its red tape and wearying routine. Clean-minded dentistry will become but a soiled pawn in the sordid game of politics.

To hazard a prediction as to the extent State dentistry may be adopted and just which form or pattern will find greatest favor would be, at the present

time, but idle speculation. But by viewing the question from different angles, we may be able to get some idea of what we may reasonably expect from the future and to what degree our hopes and fears seem to be justified.

If socialized dentistry gains a real foothold here, it will be caused by a combination of circumstances partly of our own making, but beyond our control. However, it was panel dentistry, a thing distinctly foreign in all respects, that really started the rumpus in the profession here. The peculiar name seems to have been in a large measure responsible for the attention it attracted. Someone mentioned it; we asked for detailed information and got it; we examined its repugnant features with morbid interest and then adopted it as our own pet "bogey man."

We had gradually been drifting toward some sort of a high-bred "lady-bountiful" type of State dentistry, but here was the real thing, a masterpiece of uncouth bureaucratic insolence—a deliberate affront to the pride and dignity of a profession.

Without the slightest regard for splendid scientific achievement, by the implication of its terms and fee schedules, it placed dentistry right back on the plane from whence it began its upward climb—the barbershop trade level. Riddled with opportunity for graft, it could, at best, function only as honestly and efficiently as the characters of the politically-

"Many prominent practitioners in the dental profession, dentists whose patients are drawn from the wealthier classes, view with much alarm and distrust Utopian dreams of socialized dentistry, forgetting how much they themselves have helped prepare the soil for the growth of ideas of this sort with their own advocacy and labor in behalf of charitable and semi-charitable clinics, free school clinics, and similar projects. They little realize the damage being done to the practices of their less fortunate colleagues, whose patients come from classes with small incomes; nor the effect the establishment of these institutions is having on the public mind."

mined laymen in charge of its operation would permit. Only at the cost of self-respect and lowered professional standards could the dentist employed under its terms hope to secure anything approaching adequate financial recompense for his labor. It offered a premium on hasty, slipshod work, while penalizing conscientious, painstaking effort.

FAREWELL TO PROGRESS

There is the thing as we saw it—a bleak discouraging prospect, a farewell to progress. It both shocked and fascinated us. We hated the very thought of it but did not seem able to dismiss it from our minds. We had to keep talking and writing about it.

Before becoming unduly alarmed by this apparent threat against cherished institutions, let us remember that we are in America, not Germany, Russia, nor Great Britain; things are done differently here. In Europe, dentistry has never yet

received the respect due a great science; it has always been belittled by its elder brother, medicine. The dentist there occupies a lower social plane than does the physician.

If socialized or State dentistry ever attains a position of importance in this country, it will be of a decidedly more courteous type than the European "panel."

Now let us devote a moment's speculative consideration to what may be the public's reaction toward State or socialized dentistry. So far, generally speaking, the public seems to have given very little thought to this particular subject. But it should be evident to all that there is a constantly increasing tendency on the part of the people to shift the burden of their personal responsibilities onto the shoulders of the state. They hold to the naive belief that, through this means, something may be obtained for nothing. It is hardly necessary to state that this attitude has been

"The question of socialized dentistry is a problem the roots of which are too inextricably entwined in our entire social and economic fabric, to have its fate decided by one small, albeit vitally interested, group."

fostered by selfish persons and groups having axes to grind, as well as by others with well-meant but misguided motives. Yet, in spite of these facts, it is my experience that most persons still prefer to choose their own dentists. As a rule they do not like the atmosphere of clinics and hospitals. Their chief trouble, now, is that they want so many things, but have so little with which to buy. Grant the average family a little wisdom in spending and sufficient income for all its needs, and there will be no question of socialized dentistry gaining ascendancy over private practice in this country.

DENTAL CARE ESSENTIAL

Intelligent business executives are coming to realize that adequate dental care, because of its direct relation to the bodily health of their employees, has an important bearing on the economy and efficiency of their organizations. Therefore, we may expect to see either State dentistry or something like it—large dental clinics rendering all phases of dental service, owned and operated by the various industries themselves or by mutual benefit societies among employees. This, of course, would mean

that increasing numbers of dentists would be diverted from private practice to become wage (salary?) earners, more or less under laymen's direction.

Getting dentistry back to where it was twenty years ago—virtually 100 per cent private practice—would mean taking apart the great capitalistic structure of consolidated industry, commerce, and finance and redistributing the pieces among the farming districts and Main Streets of America. It implies the restoration of lost individualism to many people and places of our nation.

Such an idea as this, though possessing undeniable appeal, is hardly one on which to pin great hopes at the present time. Rather it would seem more likely that all business might eventually be placed under government control, with profit, if any, returning to the people. In which case we would undoubtedly have really socialized dentistry.

It should be evident to all who have read the reports of the Committee on the Costs of Medical Care¹ that the membership of that group was not

¹The Committee on the Costs of Medical Care: Medical Care For The American People, Chicago, University of Chicago Press, 1932.

composed entirely of unemotional, coldly impartial, fact-seeking persons whose nearest approach to passion of any sort would be manifested in an apparent obsession for charts, graphs, and statistical figures. Not by a long shot! The majority seemed to be of a distinctly visionary, crusading type. In fact, the whole business looks like a very neat job of procuring publicity, in a big way, for some rather startling ideas pertaining to medicine, dentistry, and public health service; and the work was done by interested persons, sufficiently influential to enlist the aid of a cabinet official in behalf of their program.

CONTROL OF DENTAL SOCIETIES

Dental organization members who regard with fear and suspicion the intrusion of the government into affairs of dentistry, who do not wish to see their societies committed to support of movements insidiously designed to undermine resistance and to further the spread of socialistic doctrines had better be on the alert and use the greatest care in selecting their official spokesmen. Otherwise the very thing may occur which the famous cartoon character, Colonel George Bungle, so greatly fears will happen should he miss an election meeting at his lodge—the bolshevik element will be in full control.

If the picture drawn during the course of this discussion is

in some degree a correct one, we must conclude that the future will, most likely, bring an increase in number and size of public dental clinics; that compulsory insurance or other forms of State dentistry will be given a trial in various sections of the country. The extent to which these experiments succeed will be governed by several factors, including: the public reaction, the opinion of the dental profession (if not too sharply divided), and the general trend of circumstances.

In what way can the average dentist be of greatest service in this matter? There are many things he can do. By placing personal interest in the background and working in support of men and measures tending toward honesty in government and cleaner politics, he can be of real assistance. Being better fitted than the laity to judge the merits of any plan of public dentistry that may be contemplated or even in actual operation in his own locality, he can assist in preventing or correcting errors, increasing its opportunities for valuable service.

He can also aid by doing his own thinking and refusing to place a rubber-stamp approval on any kind of proposal submitted to him, simply because the project bears a humanitarian or patriotic label. In this manner he can do his duty as a citizen, and at the same time he will be serving the best interest of his profession.

Sunman, Indiana

OUR EMOTIONS

Are They the Controlling Factor in Dental Caries?

By E. F. BRIGGS, D.D.S.

THROUGHOUT the history of dentistry probably no subjects have occupied more space in our dental literature than those related to the causes of dental caries; and because so many theories have been advanced in recent years the dental profession is left in a maze of bewilderment.

The elusive controlling factor, whether it be nutritional, as claimed by Bodecker and Price, or local, as claimed by Miller, Black, and Williams still remains a mystery.

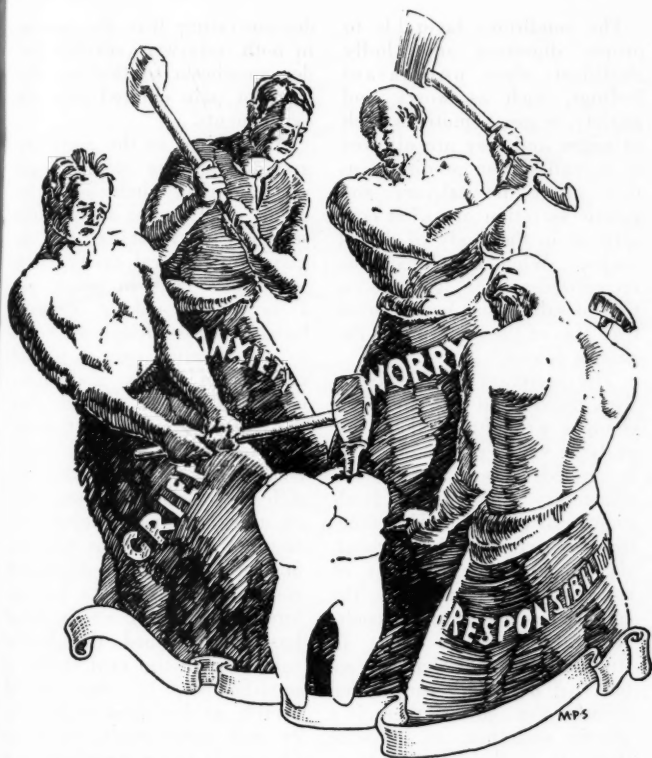
Within the last few years the attitude of the majority of the members of the medical and dental professions in regard to the influence of the mind over the bodily functions has changed considerably. In a most convincing manner the study of psychology has demonstrated the relation between thought and behavior. The strong prejudice and open opposition to the free investigation and employment of psycho-therapeutics has had an

overmastering influence on the minds of many of those entrusted with the treatment of human disease.

Unfortunately, the investigations of the bodily changes in emotional excitement¹ have been left by the physiologists to the philosophers, psychologists, and students of natural history. These students have had too slight experience in the detailed examination of bodily functions to permit them to follow clues which superficial observation might present. Consequently, our knowledge of emotional states has been meager and vague.

There are, however, many surface manifestations of excitement: the contraction of the blood vessels with resulting pallor; the exuding of cold sweat; the stopping of the saliva flow so that the tongue cleaves to the roof of the mouth; the dilation of the pupils; the raising of the hair;

¹Cannon. W. B.: Bodily Changes in Pain, Fear, and Rage, Ed. 2, New York, Appleton & Company.



the rapid beating of the heart; the hurried respiration; the trembling and twitching of the muscles, especially those about the lips—all these bodily changes are well recognized accompaniments of pain and great emotional disturbances such as horror, anger, and deep disgust. But these disturbances of the even routine of life, which have been commonly noted, are plainly superficial and, therefore, plainly observable.

Even the increased rapidity of the heart beat is noted at the surface in the pulsing arteries. There are, however, other organs hidden deeply in the body, that do not reveal so obviously, as the structures near or in the skin, the disturbances of the action which attend states of intense feeling. Special methods must be used to determine whether these deep-seated organs are included in the complex of the emotional agitation.

The conditions favorable to proper digestion are wholly abolished when unpleasant feelings, such as worry and anxiety, or great emotions, such as anger and fear are allowed to prevail. These conditions as they affect the salivary and gastric secretion are what concern us in the study of dental caries. What has long been recognized as true of the secretion of salivas has been proved true also of the secretion of the gastric juices.

The secretion of the digestive glands and the chemical changes wrought by them are of little value unless the food is carried onward through the alimentary canal into fresh regions of digestion. This function is performed by peristalsis, onward moving rings of constriction produced by the contraction of muscles encircling the digestive tube. In studying these mechanical aspects of digestion, we are led to infer that, just as there is a physisic secretion, so likewise there is probably a "physisic tone" or "physisic contraction" of the gastric intestinal muscles as a result of taking food. For, if the vagus nerves that increase the tonic state of muscles in the wall of the stomach are cut immediately before an animal takes food, the usual gastric contraction, as seen by the roentgenograms, does not occur; but, if the nerves are cut after the food has been eaten with relish, the contraction which has started continues without cessation. In

demonstrating this the nerves in both tests were severed under anesthesia so that no element of pain entered into the experiments.

Again, just as the secretory activities of the stomach are unfavorably influenced by strong emotions, so also are the secretory activities of the glands of the oral cavity. It is with these facts in mind that I have been making observations in cases that have come to my attention over a period of several years and have checked up and found that there is a foundation for the opinion that a relation exists between dental caries and the different emotional states. The emotions of grief, worry, anxiety, or whatever may produce unhappiness or a depressed state of mind seem to be factors that control either what has been termed the buffer substance in the oral fluids, a modification of the dental lymph, as described by Bodecker and Applebaum, or some change in the metabolism that is responsible for the occurrence of dental caries.

In the cases, familiar to all of us, of patients in middle or later life, whose teeth have been free from caries for a long period and suddenly present decay, I have learned, on questioning, that invariably they have recently passed through a period in which they have had extra work, deep anxiety, or added responsibility, and the findings have been similar in cases of pupils in

high schools and colleges as well as their teachers and also in the cases of young children.

Nearly all agree there is a connection between caries and a lowered resistance or a change in the saliva, either of which may be caused by a depressed state of mind. In a discussion of a very exhaustive piece of work done recently by Doctors Enright and Friesell and the Pittsburgh group, Doctor R. W. Bunting of Ann Arbor states: "In view of the fact that the saliva constitutes the chief environmental medium which bathes the teeth it seems strongly probable that whatever controlling influences exist in the mouth to determine the activity of the aciduric bacteria are resident in and carried by the salivary fluids."

And later in the discussion Doctor Hatton, of Chicago, states: "It is my impression that caries is entirely a matter of environment of the tooth."

In closing I would leave these questions with you. In the case of persons in remote areas, free from caries, whose teeth become diseased on contact with civilization, can we say it is wholly the introduction of our foods or may it not be the anxiety, occasioned by an effort to adjust themselves to social conditions contrary to customs that have been innate and agreeable to them for generations? The introduction among them of our systems of education and religion and many customs differing so radically from their own can-

not fail to create a disturbed mental state.

In the case of young children in the same family where we find one child with perfect teeth and another presenting caries, is it on account of the food or a difference in the temperament of the children? Almost invariably it will be found that the child afflicted with caries is of the type that is easily disturbed. Is the change brought about in the teeth of children by the diet, prescribed in institutions, entirely due to the foods, or is it a fact that a well-nourished child is a happy child? How can we account for caries being absent in the unclean mouths of some, unless it is that the mouths belong to persons who as a rule have quiet and happy-go-lucky dispositions, not being inclined to worry or subject to fits of depression.

Why in some cases of pregnancy do the patients during one period suffer destruction of the teeth and at other periods escape? In all cases observed where caries was in evidence I have learned that the patient had experienced a period of depression or worry during the period of gestation.

We are guided, and in a measure controlled by our emotions, as well as our reason. We know that in recent years psychology, working hand in hand with physiology, has discovered and established the fact that our digestion, our blood pressure, and especially

our glands of internal secretion and an extended list of similar factors of the body work, together with the mind, in determining what our personality and character will be. These factors determine our daily conduct, and I leave this question with you.

May there not be a subtle, but real connection, as hinted in this article, between such physical and emotional factors and the incidence of dental caries? If we know, as we do

beyond all doubt, that a suppressed ambition may be as troublesome and dangerous as a septic tonsil; an inferiority complex as poisonous, in the emotional field, as an obscure abscess or infected center in the body; may it not be that many of these problems, which now engage our attention and challenge our thought and research, may find their explanation down deep in the subconscious mind, and perhaps ultimately their solution?

116 Hammond Street
Bangor, Maine

Dental Meeting Dates

American Dental Association, 76th annual meeting, St. Paul, Minnesota, August 6-10.

American Dental Assistants Association, 10th annual meeting, St. Francis Hotel, St. Paul, Minnesota, August 6-10, 1934. For information address, Ruth M. Clark, General Secretary, Scofield Building, Minot, North Dakota.

Mid-Southern Post Graduate Dental Clinic, Memphis, Tennessee, October 22-24.

New York Dental Centennial, Hotel Pennsylvania, New York City, December 3-7.

The Idyl

OF THE

Idle Dentist

By MORRIS BAEWSKY, D.D.S.

ONCE upon a time on a corner over a tavern there was a modern dental office. Now this dental office was opened by a young dentist who, it seemed, had formed the habit of sitting at his office desk waiting for business. Our young friend was getting pretty tired of waiting by this time and his patience was worn to such a fine and ragged edge that you could run it over a billiard ball and part its hair squarely in the middle. So you can imagine that this young dentist was very lonely and blue.

There was nothing to do between salesmen but sit and wait for the next patient. After doing his lab work very carefully and conscientiously the young dentist would place it in his glass model case especially built for that purpose, scrub his hands thoroughly in an antiseptic solution and deposit them (the hands) accurately in his pants pockets. After that he'd pace the floor of his oper-

ating room many times and watch the dentists across the street.

You see, business was pretty rotten and everybody who passed his office in brand-new cars, having the back seats loaded with demon rum, claimed that the country was in a bad way and money was very tight. Besides, dentists were too high priced anyway, and why go to your local dentist when the college clinics and the public dispensaries would be glad to fix your teeth for almost next to nothing? Nothing daunted, our young hero gritted his molars and bicuspid and waited. He knew that he could turn out better dentistry than any clinic. The tide would soon turn, he felt confident. Everybody talked of a new hope and a New Deal.

Sometimes the dentist looked at his well-kept and gleaming office equipment and sighed. Then he'd look at the letters from Hophead Corners, RR4, Pennsylvania and emit what you could call a really first class, A-1 quality sigh. For the old man refused to shell out any more dough. He was getting darn tired of supporting a full-grown young man surrounded on all sides by a well-equipped and expensive dental office. Besides he was having a deuce of a time keeping his farm and family going, and the money the government promised him for not raising the best herd of cattle and finest crop in the country side was long overdue.



"The old man refused to shell out any more dough. He was getting darn tired of supporting a full-grown young man surrounded on all sides by a well-equipped and expensive dental office."

When the dental magazines came our young hero read them all voraciously, but for pure reading matter he thought that the *Saturday Evening Post* and the *Gas House Gazette* had them all beat a mile. Sometimes he visited the other dentists in the neighborhood to just kind of check up on conditions. But everywhere he heard the same story of woe. When they could spare a moment or two from poker or Swedish pinochle they

all complained bitterly. The public supported clinics and private cutthroat dental parlors were masquerading as agencies for public welfare, they moaned while the private dental practice was being slowly drawn and quartered.

So it went day after day. Ethical dentists, here and there, were up to their necks in debt, struggling against great odds, trying to serve the public honestly, now one by one giving

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up the dental ghost to seek other means of livelihood. The relief lists increased and our young dentist shuddered and wondered if his turn was next. When a patient came into his office and demanded dispensary fees and asked him to put the balance on the cuff, our dental friend only smiled between his teeth as he looked at the stack of bills on the desk.

Then it came to pass that somebody advised him to join the local dental society. This he did forthwith. It helped some, you bet. He stopped cussing at his diploma and took a keener interest in his work. He began to pick up a number of new patients and it spurred him on to try to do more dentistry and collect some of his past due accounts. Yes sir, things were beginning to hum.

All the merchants on the street said that their receipts were better and increasing daily. The young dentist noticed that the advertiser on the corner had purchased that new knee action dishevelair and that his (the advertiser's, you dope) wife was sporting a lovely new fur coat. Furthermore, you could see that Doctor Dee D'Ess on the other side of the street who was in charge of the big public pay clinics in town had just hired another assistant and was wearing a new suit that had \$\$\$\$ written all over it. Our dentist looked at his own shabby clothes and thought

many thoughts. Even the local pan-handler had changed with the new times. His plaintive but rusty tenor was now a basso profundo. That indicated something or other.

Anyway, maybe because of the New Deal or the Dental Practice Act or something, the prospects for the new year looked very bright and our hero tripped up to his office happily and hopefully.

Then the janitor of the office building, with a furtive look in his eye (the janitor's eye, you goose, why don't you wake up?) walked slowly to his (the dentist's) office and entered without knocking. He (the janitor) gave the dentist a polite note from the building receivers. Before reading the polite note from the building receivers he sighed and looked into his (For heaven's sake, figure this out for yourself, won't you? I'm getting dizzy) eye. The polite note said, "Unless the five months arrears in rental due on the dental office is paid by next week, the party of the first will"

So you don't get it, eh? There's a moral to this sad tale and the moral is that unless our dental leaders and our organizations do something about parasite parlors and highly competitive pay clinics that operate under the guise of sweet charity the dentist will have to flee from his profession damn quick!

The Collection Racket

EXPOSED

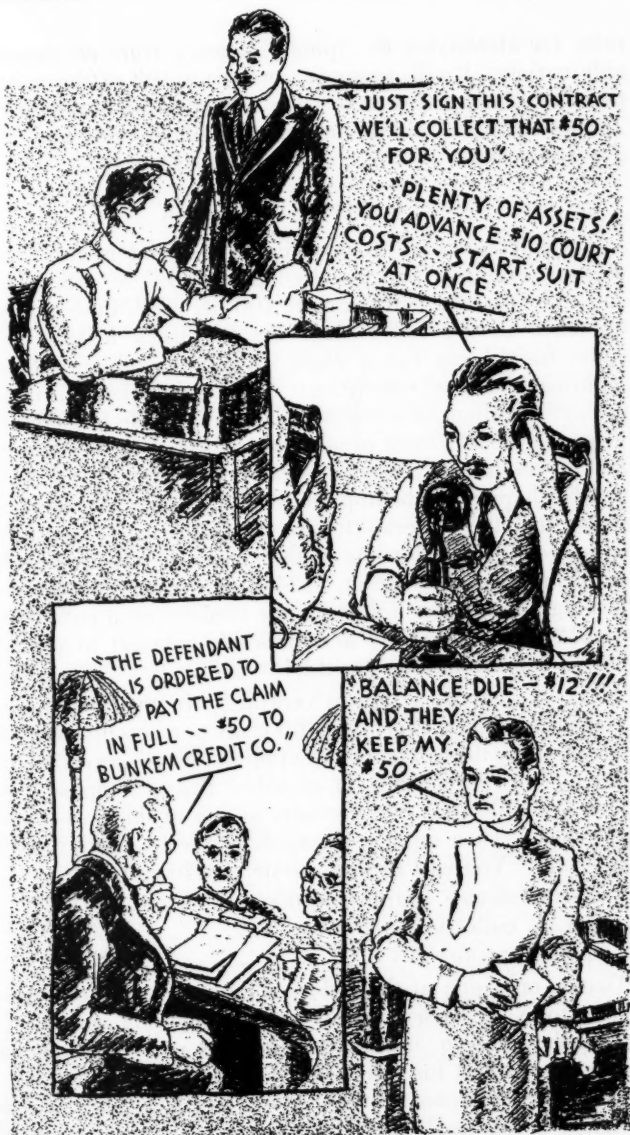
By FRANK W. BROCK
New York Better Business Bureau

THE professional man's great bugaboo, the collection problem, is the basis of an even *greater* bugaboo—the collection racket!

When a glib salesman approaches a harried dentist and offers him ready cash, ready operating capital, and relief from collection worries—in exchange for his list of Accounts Receivable, the groundwork of the racket is being laid. When the creditor signs the salesman's contract, the grip of the racket has tightened. And several months later, when the "Collection Agency" submits its statement, the creditor will realize for the first time that he is bound hand and foot by an ingenious, water-tight, and vicious gyp. For example, a Massachusetts man placed his past due accounts in the hands of such an agency. After a short time the efforts of the agency resulted in the collection of \$38.37. He received a statement from the agency informing him that the agency not only kept *all* of the \$38.37, but that *he owed the agency \$1.29 to boot!* The items in the agency's statement were all in accordance with the terms of the signed contract.

"Well," you will say, "anybody who is gullible enough to sign such a contract *deserves* to be gypped!" But it's not as simple as that. Many times the victim is not aware that he is signing a contract at all—he is merely asked to sign an "application" or a "listing sheet." And even when he does sign a contract as such, the catch phrases are so artfully concealed that any person with the slightest faith in human decency might skim through it without finding anything particularly amiss.

It is a difficult matter indeed to lay down flatly a set of



rules for identifying the "phony" agency from the reputable variety. I will, however, analyze a few of the more popular schemes that have been and are still flourishing. This analysis will aid the interested reader to side-step the gyp artist who will sooner or later come his way.

THE "HUNDRED PERCENTER"

The operator most frequently encountered in this line of racketeering is the "hundred percenter," so called because he is satisfied with a mere 100 per cent of the money he takes in for his clients. He flourishes mainly because his scheme has a close surface resemblance to a legitimate business enterprise. Briefly, the scheme is this: to bind the client to a contract that will enable the agency to juggle the statement of accounts collected in such a way that *all* the money collected goes to the agency. An example that happens to be uppermost in my file at the moment shows that the Federal Bureau of Trade (an "agency") collected \$125.68 for one of their clients—and deducted, according to their contract, \$124.68 in "collection fees"—leaving an even *one dollar* for the creditor on a collection of \$125.68! Certainly a remarkable contract to permit any such "commission" as this!

Let us analyze a typical contract. In the first place, "Initial overhead expense of 60 cents per account will be advanced by the company and applied towards any amount due..." That means, in practice, this: Suppose you turn over 100 past due accounts to one of these so-called agencies. Then suppose the agency collects a debt of \$50 due you. You will receive a statement like this:

100 service charges at 60c.....	\$60.00
Less collections rec'd by us.....	50.00
Balance due us.....	10.00

That is only one of the hidden clauses that make it possible for your agency to bill you for anything and everything they wish to, and always enough to make any amount they may collect for you *theirs*, according to the contract.

The first sentence in this contract reads: "The undersigned hereby sells and/ or assigns the attached list of

accounts and the company agrees to purchase such accounts as may furnish collateral acceptable to it." So the company, according to its contract, agrees to purchase absolutely nothing. The signer of such a contract merely transfers to the company his interest in the accounts. Then things begin to happen, because other clauses read: "The company agrees to remit to the client. . . upon such accounts as it may purchase: 80 per cent of the undisputed amount of each claim less than 3 months overdue; 70 per cent of the undisputed amount of each claim less than 9 months overdue; 50 per cent of the undisputed amount of all other items." The catches are: (1) An uncollected account is rarely "undisputed," and since "the company" is entitled to 50 per cent of "all other items," it means in effect that at least 50 per cent of all accounts goes to "the company." (2) These terms (80 per cent and 70 per cent) apply to "such accounts as it (the company) may purchase"—but it hasn't agreed to purchase any! And so again it may levy 50 per cent on "all other items."

And just to cinch matters, the contract continues, empowering the company to "act as attorney-in-fact with general powers to endorse for deposit and collection *commercial paper* received from any account." "Commercial paper" includes checks and drafts, "any account" is just that! Furthermore, "If any account should be withdrawn by the client, or upon his failure to furnish bills or evidence of indebtedness within 15 days of request therefore, it will be considered as paid. . ."—and with 50 per cent commission to "the company"!

The foregoing are a few of the possible ways the "hundred percentor" gets what is coming to *you*! It is an interesting sidelight that nearly all of the companies operating this scheme have their roots in the genius of one or the other of two brothers, or their henchmen and pupils. The brothers generally go in for high-sounding names for their enterprises. They have given us Federal Bureau of Trade,¹ Cramp's Discount Co., United States Discount and Audit

¹Editor's Note: All the names mentioned in this article are fictitious, but the actual names of companies and individuals are in the files of the New York Better Business Bureau.

Co., Federal Public Service Bureau, Credit Research (National), Credit Adjusting Co., and so on—a truly impressive contribution to fiction!

READ ALL CONTRACTS

If you are approached by a representative of a collection agency with which you are unfamiliar, make him *give* you a copy of the contract you are asked to sign. Then read it carefully, word by word, and if there is anything you don't understand, call your lawyer or your local Better Business Bureau for an interpretation.

So much for the "hundred percenters"—but there are other collection agency gyps in which the catch is not in the contract at all. But still there's a catch—and a very big one. We'll classify the next group as the "court cost" racketeers, best exemplified by the Blanko Corporation, which conducted a thriving business from Chicago. Dozens of salesmen, who were secured through Help Wanted advertisements and who, for the most part, were innocent of the scheme, called on business houses and professional men soliciting accounts to collect. They were told to say that the Blanko Corporation charged a commission on all collections, as do most reputable agencies. These accounts were turned in by the salesman, to the collection department which immediately sent out a "dunning" letter to each debtor. The accounts next went into the "court cost" department, where they were "priced." This process consisted of estimating the amount which the creditor could be asked to pay for court costs.

A crew of high-pressure telephone salesmen were then turned loose on the incoming accounts, for the purpose of extracting "court costs" from the creditor. They would tell the creditor anything they thought would get the money. Purely imaginary statements regarding bank accounts, assets, good positions, and property possessed by the debtor were made to convince the creditor that suit should be started immediately. Employees of the concern have said that at least \$2,000 a day came in from these calls. Indignant clients who came to object, after

paying "court costs" and receiving no satisfaction, were relayed from one person to another. Virtually everybody in the organization used a fictitious name.

Whenever a racketeer gets a good, workable idea, a hundred imitators spring up immediately. The Messrs. Fox, Baer, and Wolf admired the methods of the Blanko Corporation so much that they organized the "United Detective Service Company" and operated it along similar lines. Business was going along nicely until they tried to extract \$25 from a physician who had previously read some Bureau publicity on the racket and had given them two fictitious accounts to collect. When they asked for "court costs" on *these* cases, the physician notified the police.

This system of manipulating the collection racket is very much in vogue. Three principals of the Blanko Corporation were blithely operating a brand-new company (founded on the grand old principles!) called the "Universal Association of Creditors," even while they were under indictment on the Blanko case!

"ADVANCE FEE" SYSTEM

We will take up one more general classification of collection gyps and consider the field pretty well covered, though it must be remembered that entirely new and different gyp schemes are constantly being concocted. The third group, which we'll call the "advance fee" system, is the simplest and most direct of them all. The racketeer paints a glowing word picture of the vast benefits to be derived by the creditor from employing the racketeer's services. Then he extracts an advance payment, usually as large as the traffic will bear, on the promise of future collections to be made. If the system is running true to form, the "collector" is never seen or heard of again—and neither is the "advance fee."

The activities of a Mr. Captain of the Captain Detective Bureau of New York (whose letterhead displays an ornate and impressive lithograph of the National Capitol) will serve as an excellent example of this technique. To cite only one of this gentleman's ventures as an agent of the

"Captain," he collected \$350 from a client on the promise that the "Captain" would pursue a rather large claim for him. After a brief correspondence, Captain learned that the claim was utterly hopeless. Despite this, the "Captain" collected another \$100 from its client, who then filed complaint. While the hearing was being held, an irate woman approached Captain and accused him of defrauding her of \$700. Mr. Captain apparently got around a bit!

Not all of the collection racketeers go to the trouble of printing letterheads and forms and calling themselves by any corporate title. Many of them are absolutely free agents who approach their victim, deliver their airy spiel, collect the "advance fee," and disappear forever.

From the foregoing remarks it will be seen that the schemes are too varied to allow the formulation of one test by which a confused prospect may determine whether the proposition being offered him is on the level or a "phony." But if he knows that such operators are very much in evidence, and if he observes certain general precautions, he may avoid the gyp artist and save his patronage for the reputable agency.

Don't put any faith in verbal promises. The watchword of the racketeering agency is "we cannot be responsible for the representations of our agents."

Don't just *read* the contract you are asked to sign—*study it*. If there are suspicious passages, consult your attorney or local Better Business Bureau.

A request for an advance payment is a danger signal; so is an offer to purchase accounts long past due.

Get a dependable report on whatever agency is offering you its service.

I will quote once more from the contract referred to in the opening of this article, and extend to my readers the hope that all "Accounts submitted hereafter are subject to the terms herein"—but not to the parties *mentioned* herein!

280 Broadway
New York City

Would You Like to Keep in Touch With YOUR PATIENTS?

By F. VAN MINDEN, D.D.S.

MOST of us have been wishing at one time or another for a practical and ethical means of maintaining contact with our patients. Some of us write letters of recall, others use the telephone as a reminder; but neither of these methods actually solves our problem. What we really have been looking for is something that would tell the story of dentistry in such a compelling manner that the patients would become educated to the need for regular dental care.

We believe we have found such a "something" in the Educational Reprint Service of the Chicago Dental Society. Through its Educational Committee one-page articles on various phases of dentistry are prepared and published monthly in *The Bulletin of the Chicago Dental Society*. After publication, reprints are made in large quantities and sent to the subscribers to this service, who, in turn, mail these leaflets to their patients. The articles are written in simple language

free from technical terms, but with a psychological approach so as to interest the average layman. Usually they are illustrated and titled to catch the eye and tell their story effectively.

This service has received the official approval of the chairman of the Judicial Council of the American Dental Association and has been in operation for a year. The first series of twelve articles, just now completed, has been received with much success. This is evidenced by the fact that over 150,000 reprints have been distributed to subscribers in fifteen different states, spread all over the country, from California to New York and even to Puerto Rico! More than that, the Manitoba Dental Association has recently purchased the copyrights of several of these articles for use and distribution in the Canadian provinces of Manitoba, Alberta, Saskatchewan, and British Columbia. This means that the Reprint Service is being used internationally.

The Educational Committee

A LITTLE GIRL WITH A BROKEN SMILE

EVERYBODY feels sorry for a little girl with a broken smile. Yet a broken smile is a sudden tragedy—until too late! Smiles are made in childhood. Little girls and boys can't help it if their smiles get broken. That's the responsibility of the grown-ups—of parents and

"Buck" teeth, "rabbit" teeth, yes, they're rather unpleasant to talk about. But they're much more unpleasant to one—especially for a sensitive girl or boy growing up to young womanhood or manhood. And the young man or woman who learns later that they might have been prevented won't feel so happy about it.

So—this is a plea to think about

So—this is a plea to think about

If You Start Worrying SOON ENOUGH... You Won't Have To!

Pyorrhea is hard to cure. But, usually, easy to prevent. So—the best advice your dentist can give you is to start worrying beforehand.

The work of prevention should start early—and, fortunately, the preventive measures that dentists recommend are so beneficial in either ways that they would be worth adopting even if there were no such disease as pyorrhea to worry about.

For instance, you see it that your diet is well balanced. Of course, you

Teeth and gums must have exercise—and the best way to provide that is by maintaining Underworked gums—soft, spongy, bleeding at a touch of the tooth-brush—mean that you are exciting pyorrhea.

If not checked, pyorrhea leads steadily, not just to the loss of a tooth or two, but to the loss of all the teeth. So, if you have any reason at all to believe that you may have pyorrhea, don't lose time. Time is valuable.

"Sue, don't be silly! He never hurts me"

SUE ARMSTRONG was all bewildered. "I've a date with my dentist—and I think of it!"

stantly being developed to prevent suffering from sensitive teeth and gums, and to make the teeth in the dentist's chair easier on for even the toughest patient. The dentist of today knows all

FULL DENTURES

WHEN your dentist speaks of "full dentures" he means a complete set of artificial teeth. And when he has a patient who is healthy and happy in the possession of full dentures, he sets the results of an fine and useful work of restoration at as modest a price as ever produced.

No surgeon ever made a glass eye that can see, or an artificial ear that can hear, or an artificial nose that can smell. But the well-qualified dentist succeeds again and again in making full dentures that reproduce faithfully and accurately all the function and appearance of the natural teeth.

He may not always succeed completely. Some mouths were built to defy his skill. . . . And sometimes his best efforts are defeated by a patient who can not or will not cooperate. . . . who does not realize that no full dentures will prove satisfactory without per-

formance in learning how to use them—learning how to eat again, as he must with a mouth that must learn how to walk again!

After dentures have been made, they do not change. But the mouth does. The tissues and underlying bone structures of the mouth alter and recede, destroying the original correct fit. It is not the fault of the dentures if they need refitting from time to time, any more than it is the fault of your glasses if gradual eye changes frequently require a new set of lenses.

One more thought. . . . If you need full dentures some day, don't be discouraged. Go to a good dentist. Give him your fullest confidence and cooperation. Then he can go to work with the confidence of the artist—and you can look forward to restored function and appearance, and a new outlook on life.

[This article is being distributed to dental patients by authority of the Educational Committee of the Chicago Dental Society.]

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Sound in Every Limb... But a Cripple!

HE HAS two good arms and two good legs—and the usual units of fingers and toes. He can use them all. But for

He's a dental cripple.

Cream Puffs Are Not Hereditary

HOW often one hears a plaint like this: "No wonder my teeth are always decaying! All my family have had poor teeth."

In most cases an inquiry will show that the sufferer did not actually inherit a tendency to dental decay, but merely fell victim to a family habit of unbalanced diet. A farrier statement would often be: "All my family had a weakness for cream puffs." Cream puffs are not bread

I'm Giving Junior \$5,000

MRS. WALLACE was talking to her good neighbor, Mrs. Thomas. "Yes, I'm giving Junior \$5,000," she said. "That's a lot of money."

"Better than cash," Mrs. Wallace replied. "I'm giving him a sound set of teeth! When he's twenty-one he'll be worth at \$5,000! And when he's forty, he should be worth a whole lot more of government bonds."

"Here's how I'm doing it. I'm investing in a set of day payment dentures."

Your Dentist Says: "Pay LESS for Dentistry"

THAT is literally true, we know of the best type of dentist. No, the dentist isn't a philanthropist. He has a living to make, bills to pay, a family perhaps, a future to provide for.

But—he will always say, "Pay less for your dentistry." He is like the trusted family physician who wants you to take care of yourself; who would far rather look after you from serious complications than earn large fees trying to rectify you from serious complications.

Think of this for a moment. No capable, conscientious dentist ever caused by thoughtless neglect of health. . . .

Think of this for a moment. For even a small filling properly got rich doing precisely dental work. For even a small filling properly made is a work of art; requiring an expenditure of time and skill and patience that can never be adequately compensated by the ordinary fee.

And your dentist knows that if a needed filling is postponed, if the tooth is allowed to go from bad to worse, eventually it will have to be restored at a cost many times greater than that of the filling. Or the tooth may be lost altogether, and still more costly reconstruction work may be required. But your dentist would rather save the necessary time promptly.

Most of us are rather careless about doing the necessary things promptly. But the old saying, "A stitch in time saves nine," is particularly true of mouth health.

Most people seem willing to pay more later. But—these are times when most people aren't so prosperous. Bank balances have dwindled. Futures are shrunken. And nobody wants to face an available dental bill, even in the future.

So, isn't it a point worth thinking about—that regular and preventive dentistry, taking care of the little troubles before they grow into big ones, is the cheapest form of dentistry there is . . . and the best?

[This article is being distributed to dental patients by authority of the Educational Committee of the Chicago Dental Society.]

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is now preparing a second series of twelve monthly articles, starting publication September 1, 1934, and terminating August, 1935. The subscription privilege has been made available to all members of the American Dental Association.

The rates for a year's subscription have been kept very low and barely cover the actual cost of production and mailing. They are possible only if a sufficient number participate, that is: 50 reprints monthly, \$6; 100 reprints

monthly, \$8; additional reprints, \$2 per 100. Besides the reprints the subscribers will also receive an equal number of letters explaining the purpose of this service to the patient. This letter is to accompany the first mailing.

Every dentist can benefit his patients as well as himself by the systematic use of these reprints, and numerous prominent men have reported to us the good results they have ob-

tained in their practice. Subscription blanks can be obtained by addressing the Educational Committee of the Chicago Dental Society, 185 North Wabash Avenue, Chicago. It is suggested that applications for subscriptions be made without delay, for, after the initial printing is done, additional reprints cannot be made except at an extra cost, which the small subscription rates do not permit.

185 North Wabash Avenue
Chicago, Illinois

DOCTOR EVANS AIDS IN FILMING OF "ONE SUNDAY AFTERNOON"

As the technical adviser on dentistry in the filming of the picture, "One Sunday Afternoon," Doctor David L. Evans, Hollywood, California, had some interesting experiences, which he reports here:

"To aid the director, Stephen Roberts, in avoiding errors on technical points, I was called in to advise him during the filming of this picture in which Gary Cooper, Fay Wray, Neil Hamilton, Frances Fuller, and Roscoe Karns were featured.

"My work on 'One Sunday Afternoon' convinced me that it is very difficult to avoid all criticisms particularly when the film is related to some profession. A good example of the criticism I came up against referred to the photographs published in an issue of ORAL HYGIENE. The comment made was, 'Don't ask us how Gary miraculously secured this fairly modern equipment in the gay nineties.'

"Here's the explanation: The story called for a 1915 office. Then, the scene dissolved into his early life about 1900 before Gary became a dentist. The equipment and materials were arranged by Paul Morgan and were all from the 1915 period, except the can of investment which, of course, only a dentist or a supply man would notice.

"I was particularly impressed with the thorough fashion in which all details were executed in the film to make the effects as realistic as possible. For instance, everything in the dental office was connected up so that it would have been possible to perform a dental operation at any time during the filming. Despite all this care, there was considerable criticism of the production."



W. LINFORD SMITH
Founder

ORAL HYGIENE

EDWARD J. RYAN, B.S., D.D.S.
Editor

Editorial Office: 708 Church Street,
Evanston, Illinois

*Give me the liberty to know, to utter, and to
argue freely according to my conscience, above
all liberties.*
John Milton

FRAUD WARNINGS

IN an effort to aid in the protection of dentists from swindlers and racketeers ORAL HYGIENE announces the establishment of a central clearing office to receive complaints of frauds from dentists and to publicize such warnings to the other members of the profession through the pages of this magazine. A further effort will be made to expose rackets that are perpetrated upon the profession by publishing articles from reliable sources describing the exact details of swindle schemes. For example, the article in this issue, *THE COLLECTION RACKET EXPOSED* by Mr. Frank W. Brock of the New York Better Business Bureau, describes a common type of swindle.

In recent weeks we have received letters from dentists in the following localities concerning various frauds: *Norfolk, Virginia*, a complaint against a spurious salesman of men's clothing; *Springfield, Missouri*, a fake salesman taking orders for office gowns and uniforms; *Omaha, Nebraska*, an alleged space solicitor for professional cards in a trade paper; *New York City*, a petty thief operating in dental offices; *Grand Rapids, Michigan* and *Dubuque, Iowa*, fraudulent collection agencies. Other common petty swindles are the "making-my-way-through-college" magazine solicitor who operates without proper credentials from

a legitimate subscription service, and the "trader" who trades rubber floor mats, for instance, for scrap gold and fails to make an accounting for the scrap after it is weighed, if the value of the scrap is in excess of the price of the mat. The peddler of dental supplies who conducts his "carpet-bag" business without benefit of telephone number, business address, exchange, or replacement service is well known to all.

We offer this fraud warning service to the profession because the widespread geographic distribution and the variety of the recent complaints seem to indicate that swindlers and confidence men are unusually busy in their operations among dentists. We wish to emphasize that we are not attempting to act as a bureau of investigation to pass on the merits or the quality of any product; our desire is to expose persons who accept money from dentists under false pretense and who do not deliver the goods for which contract was made.

ORAL HYGIENE will publish all fraud warnings over the signature of the complainant, provided that we are given the following data: an exact account of the transaction; receipts, business cards, pamphlets, canceled checks, or any other documentary material; a description and the "name" of the swindler; letters of denial, if any, from legitimate companies who are themselves victims of misrepresentation on the part of the swindler. Anonymous complaints, incomplete and fragmentary reports cannot be published. Before publication we reserve the right to submit all complaints to the opinion of counsel at the magazine's expense.

Fraud warnings received from every section of the country will be published as soon as possible after they are received. Local dental societies whose members have been victimized are likewise invited to send us complaints to be given national circulation.

Please direct all communications to Edward J. Ryan, D.D.S., Editorial Director, Oral Hygiene Publications, 708 Church Street, Evanston, Illinois.

GOLD FOIL

The Return of the Prodigal

By HERBERT ELY WILLIAMS, D.D.S.

THE dental profession is witnessing the return of gold foil. Prejudices are being overcome; interest is being aroused; and permanence in filling material is being sought. Gold foil is the recognized standardized filling material; it has stood the test of time; it is superior to the gold inlay; it needs no cement for its retention. Gold foil is superior to amalgam, as it does not shrink. The plastic porcelains are at best semi-tempora-

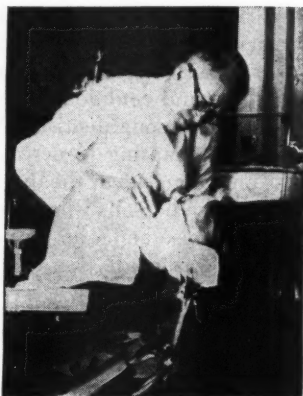


FIG. 1

Fig. 1 (Standing position) Illustrates one of the real reasons for the decline in the use of gold foil. Notice that the awkwardness and unsteadiness of the position interfere with the placing of gold foil restorations and increase the dentist's exhaustion.

Fig. 2 shows the sitting position recommended by Doctor Herbert Ely Williams for the placing of gold foil restorations. It suggests ease and comfort and is no more fatiguing than sitting at a desk. The dental chair is tipped far back and the flat bracket table is connected to the left chair arm, permitting the table to be brought close to the patient's chin. There is a space of only a few inches between the table on which the gold foil rests and the cavity. The gold foil is annealed over a small Bunsen burner and passed directly to the cavity.

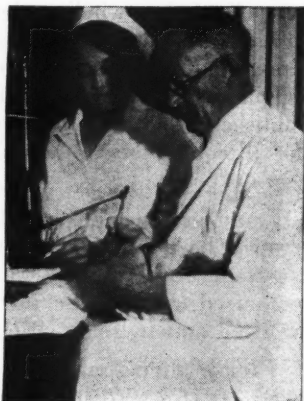
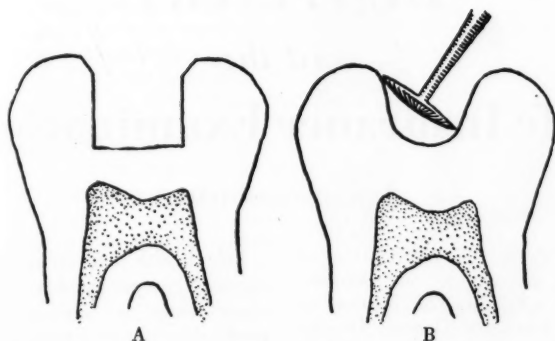


FIG. 2



ry restorations. Gold foil does not wash out; the margins are preserved.

For a time foil was in disuse even for class I cavities because of the fallacious belief that too much time was consumed in using such material. An occlusal cavity in a molar tooth requires thirty minutes for filling: the preparation for the tooth without the dam, four minutes; adjusting the rubber dam, four minutes; prepara-

tion of the cavity after placing dam, four minutes; condensing, thirteen minutes; finishing, five minutes.

A modified technique for the preparation of an occlusal cavity is herewith described. The fissures in the occlusal surface are opened with a feathered edge stone, undercuts are produced with stones, and retention is secured with small round burs followed by small wheel burs. This cavity preparation is a

(Continued on page 1160)

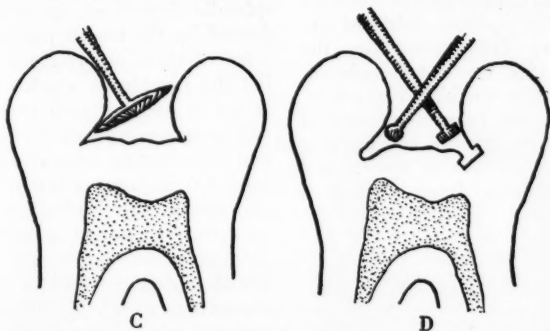


Figure 3—A represents Black's preparation for an occlusal cavity; B, C, and D represent the modified Williams' preparation.

DENTISTRY

and the

Life Insurance Examination

By M. D. GIBBS, D.D.S.

SINCE the publication of an article in October, 1932, in *The Journal of the American Dental Association*¹ on the subject of "Life Insurance and the Medical Examination," and another in the August, 1933, issue of the *Tri-State Medical Journal*² on "Dental Infection and the Life Insurance Examination,"—it has been very gratifying to me to receive many letters and comments from the insurance, medical, and dental groups. These comments have convinced me that discussions of dental recognition by life insurance companies are very timely.

There was a time when the medical and dental professions were in separate fields of endeavor. Cooperation or the need of it was not thought of, much less considered seriously. Today, the progressive men of these two groups are working together to combat disease and the sources from whence it comes.

Life, health, and accident insurance companies have long since recognized the medical profession, but in a large measure have failed decidedly in not recognizing the dental profession in the great march of progress. Progress being the key-note in the conduct of the affairs of insurance companies, which are considered such benefactors in financial matters and partial health programs for humanity, why do they omit one of the most important agencies, according to present day knowledge, in any health program—dentistry?

Insurance companies have splendid intentions, as is evidenced by the health publicity some of them are engaged in, but the trouble is, much of it is not in keeping with present day progress regarding causes and contributing causes of disease. For instance, a few weeks ago one of the leading insurance companies had in several leading magazines a page of health publicity, dealing with rheumatic pains in children, and not a word was mentioned

¹Gibbs, M.D.: Life Insurance and The Medical Examination. J.A.D.A. 19: 1851 (October) 1932.

²Gibbs, M.D.: Dental Infection and The Life Insurance Examination. Tri-State Med. J. 5:1147 (August) 1933.

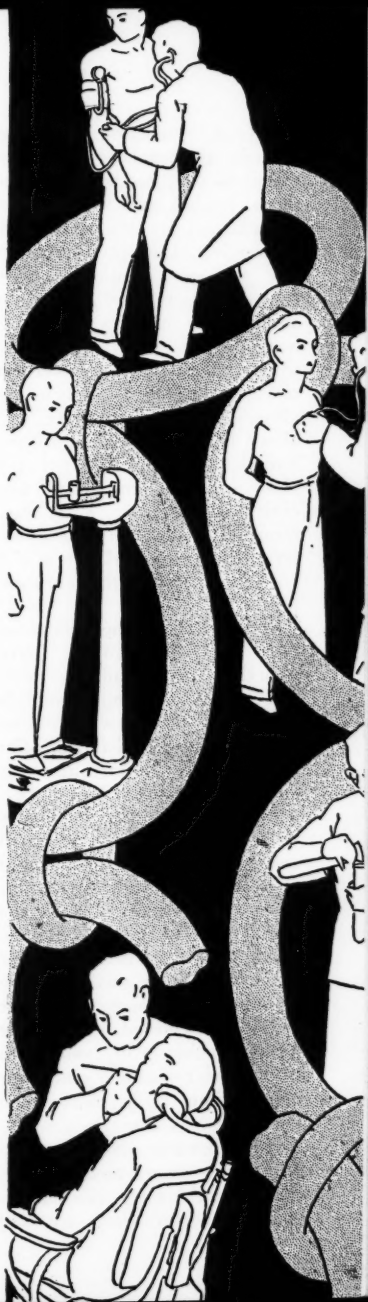
concerning dental infection or any advice given recommending a dental examination.

Recently there appeared in the *Journal of the American Medical Association* some interesting and significant figures on rheumatoid arthritis in an article in which it was stated that, out of thirty-five such cases revealing abscessed teeth, twenty-four of the patients showed marked improvement after the removal of the infected teeth, according to the Cornell Clinic.

CLEANING UP DENTAL INFECTIONS

In my former articles I have tried to stress the importance of clearing up dental infection and the effect of such remedial measures on the health of the persons so treated, and the way in which treatments redound to the interest of the company insuring these persons. Similar care would also permit the medical and dental professions to render a more complete service to a great mass of people. The public in general would come in for their gain, because in all health matters they are anxious for information and are quick to fall in line to secure a betterment of conditions concerning health, as has been proved in former and present day health campaigns.

One phase I have not discussed is the premium paid on policies. Insurance companies have worked out a method whereby rates are computed,



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based, of course, on mortality records, the records being so complete that epidemics, accidents, health, and the average life of man are all considered in arriving at the premiums for any age classification. There are a vast number of applicants and policy holders who are normally A-1 physical risks, which naturally helps lower the mortality average for each age classification. But there are also a large number whom they have accepted as supposed A-1 risks in their respective age classification who, were they required to undergo a complete physical examination, would not measure up to the mark expected of them.

It has been claimed that four out of five people have pyorrhea, or a tendency to it. The toxins resulting from this condition alone, with consequent lowered resistance, offer an extensive opportunity for impaired health. Many persons supposed to be physically perfect are carrying infected teeth, gums, and tonsils that only a careful and minute survey would reveal. This is the group that, in many instances, much to the surprise of their families, friends, and insurance companies, become totally or partially disabled. It is the person in this group who, with a lowered resistance and poor elimination, finds himself an easy prey to disease, perhaps death. Because of this group of persons whose physical condition could have been made A-1, but who were accepted

without complete physical examinations, the really good risk must pay a higher premium than he should pay. The dividends are really based upon mortality records rather than earned interest on investments—the greater the mortality rate, the smaller the dividend.

GROUP INSURANCE

Let us not lose sight of the fact that some insurance companies are writing group insurance and individual policies up to a certain amount, known as non-medical insurance. Can it be that insurance companies are failing to appreciate the long and useful service of the medical profession, or, is it possible that they are relying too much on private report cards and mortality records? I cannot believe that insurance companies have lost sight of what scientific, medical, and dental research has done in adding many years to the average life of man. This accomplishment alone has been a remarkable aid in the insurance world.

Dentistry is daily advancing in the promotion of better health. Recognition of this fact by insurance companies in their physical tests, by dental care and observation, would eventually make a vast difference in mortality records—and when we say mortality records we are really placing the keystone in the main structure of life insurance companies. By reduction of mortality records through scientific research and regular medical and dental sur-

veys, these results could be obtained: better health, longer life, reduced premiums, larger dividends, fewer permanent rejections, fewer partial and total disability cases—a service to the public, to say nothing of benefits to the companies themselves. Such protection certainly is deserving of serious consideration.

SUGGESTS DENTAL QUESTIONS

In the first article¹ published for me on this subject, referred to at the beginning of this article, a suggestion was made relative to incorporating in the medical examination blank questions bearing on important dental subjects, and an example was given. By such a move insurance companies would incur no additional expense, with the possible exception of getting out a new form to be used by their regular medical examiners. This suggested plan was offered because of the economic questions involved, and to which my attention had been called. To ask significant questions concerning the teeth, gums, roentgenographic knowledge, and other important dental subjects, and to insist, no matter whether the applicant be accepted or rejected, that these matters be given definite attention, would in a vast number of cases result in good to all persons concerned.

In my second article on this subject I stressed the fact that adding a complete dental examination would not mean

more rejections, since every day applicants are accepted with such conditions; but the finding and correction of dental defects, or insisting that they be corrected would mean better risks for the company doing the insuring. Such a claim cannot be disputed by anyone having a complete knowledge of the havoc that is wrought by dental infection.

The value of life, health, and accident insurance cannot be overestimated, and in pointing out the facts as I see them concerning the failure of insurance companies to cooperate fully in health questions, I am doing so, not as a destructive critic, but as one endeavoring to bring to their attention matters that should be of real value and permanent good, not only to them, but to all whom they serve.

CASE REPORTS

At this time let us consider two case reports that clearly reveal what hidden infection can and does do in retarding a return to health:

Case 1. Patient, a young woman, aged 30, broke her ankle. It was properly set, as revealed by an examination with roentgen rays. She had been on crutches eight months when referred to me. Roentgenograms were made of her teeth, showing one pulpless tooth, slight apical infection. The pulpless tooth was extracted and in three days she could walk with only one crutch, and about four days

later she walked with the aid of a cane.

Case 2. Patient had lost the fingers of one hand in a saw-mill accident. The surgeon who attended him did not succeed in getting the wounds to heal, and knowing there was some hidden interference, referred him to me for a dental examination, which brought to light several infected roots and teeth. These were extracted, and the hand immediately began to heal.

Insurance companies should be much interested in case reports of this type. Diseases of the brain, heart, gall bladder, appendix, and kidneys have been definitely traced to infection of the oral cavity. Even insanity and blindness have resulted from this source of infection.

Life insurance companies, in their failure to make their physical examinations thorough, rather depending on the law of averages and secret investigations, often accept risks that prove rather costly, as the following case will reveal: An applicant was accepted about three years before death for several thousand dollars of life insurance. At the time he was accepted he had been and was still under the care of the physician who related this case to me. The reason for the medical care was organic heart trouble.

Such cases are not altogether
Hot Springs, Arkansas

new to insurance companies, but these experiences have failed to impress them with the fact that thoroughness is both necessary and profitable in the physical examination. Their failure to ascertain the physical short-comings of applicants, as well as policy holders, often results in loss of time, heavy expenses, illness, and death which, in a good percentage of cases, could have been avoided had the predisposing causes been found and corrected.

To emphasize the thought that the present form of examination used by these companies does mislead applicants regarding their actual physical fitness I will quote what a specialist recently said to me: "Patient came to me for treatment. His condition was such that I considered a complete physical survey was needed and advised it, receiving this reply: 'Why doctor, I only recently passed a perfect examination for life insurance, so am sure that will not be at all necessary.'"

Insurance companies are doing too much good for humanity in the way of financial protection not to stop and consider how much greater benefactors they could be were they earnestly striving to protect health among those whom they serve. Health is more to be desired than riches, and prevention of disease is the one factor that will preserve it.

Preventive Dentistry is WHAT?

By PAUL R. STILLMAN, D.D.S.

DOCTOR Howard Raper's article¹ in ORAL HYGIENE states that, "Preventive dentistry, as practiced and understood, is a failure and a hoax." Iconoclastic as the statement really is, the present writer cordially agrees with Doctor Raper's contention and highly commends him for the courageous stand he has taken in assailing this unreasonable and negative theory.

The term "preventive dentistry" is unattested. It is based upon a false hypothesis and is a negation in concept. Any negative approach to a positive objective eventually ends in failure. To prevent is "to stop or hinder from happening by means of previous measures." Preventive dentistry was designed to stop—what?

An educated person who might attempt to translate its literal meaning without foreknowledge would assume that the term "preventive dentistry" was a movement designed to prevent the necessity for dental



PAUL R. STILLMAN, D.D.S.

service. Were this truth, Raper and I would be joined by every truly ethical dentist within the profession. For no dentist who possesses the essential philosophy of professional ethics would hesitate one moment were the need for dentistry forever suppressed.

The obvious weakness of the entire preventive dentistry movement lies in the fact that it is unable to advance a positive postulate and has adopted no clear-cut objective toward

¹Raper, H. R.: Preventive Dentistry 1934, ORAL HYGIENE 24:20 (January) 1934.

which all dentists can proceed *en masse*. The effect of the preventive dentistry movement has been the precise reverse of that which the term literally implies. It has not prevented the need for dentistry, but, on the contrary, it has stimulated a lively interest in the early discovery and subsequent repair by means of restorations to combat incipient lesions of dental caries.

Some (who always appear to be driving their thought mechanisms in reverse gear) may see, in this recognition of value given to so-called preventive dentistry, an argument sufficient to weaken Raper's assertion that preventive dentistry is a failure. To advance such an argument would reveal the objective and philosophical ideals of that person.

PHILOSOPHY OF EARLY ARTISANS

There yet remain in dentistry a goodly number whose professional philosophy descended to them by inheritance from the early artisans who were the first to be successful in what was then called mechanical dentistry. These pioneering practitioners left the trades of silver and gold smithery and became the first prosthetic dentists. The philosophy of the artisan was brought into dentistry by these pioneers, and their school of thought is characterized by the Latin phrase, *vis inertiae*, in contradistinction to *vis medicatrix naturae* from which the philo-

sophical principles of the healing art proceed. These two principles describe incompatible philosophies. Those who hold to *vis inertiae* remain artisans in thought and in temperament. They proceed to their daily tasks under the principles and postulates which they inherited from their artisan progenitors.

Only the mind of an artisan could have conceived of the principle which was applied to the placing of restorations in teeth. It was the artisan-mechanic who became the first surgeon-dentist, and later emerged as an exodontist. Had the dentist who first proposed to "fill" a cavity in a tooth placed his proposition, as to the feasibility of the procedure, before a medical-surgeon, the only existing biologist of the day, he would doubtless have been advised against attempting it. There was no precedent in medicine of that day, under the *vis medicatrix naturae*, which would admit of placing a metal foreign body within the confines of a human organism. He would have been advised against attempting so absurd a postulate. Yet the filling of teeth was a success, and it remains today as dentistry's greatest achievement. The result was a contest between the "healing" ability by the hand of man, *vis inertiae*, vs. the biologic principle of physical repair as comprehended by the word "healing" under *vis medicatrix naturae*. To the dental artisan the tooth

tissue had the nature of inert matter. The tooth possessed a hole or cavity. A hole, to an artisan, was a thing to be filled; and it was filled, thus halting the progress of the disease. Its success established a principle new to the world and previously unknown to science. *An art, by the hand of man, usurped a privilege known hitherto as Nature's own.*

AIM OF PREVENTIVE DENTISTRY

The objective of preventive dentistry, at its beginning, was doubtless to prevent disease of the teeth. A negative approach was thus made to a problem which actually requires a positive objective. Let us suppose that the objective of preventive dentistry was not a failure, as it is seen to be but, on the contrary, the efforts to prevent dental disease were actually successful. What then would be a positive statement regarding the actual physical state of the mouth? To one whose mental perspective proceeds from pathology only, the answer would be, "An absence of disease." To a pathologist, one either has disease or one has not. When no disease is present, a pathologist has no sustaining interest. When disease is observed, he states his findings as "positive" but, when there is no disease, he states them as "negative." Pathology devotes its entire mental interest to disease.

Can dental literature afford to ignore the very existence of physical health as a body state,

of at least equal scientific importance to disease? Whether it can afford to or not, dental literature does. The dental profession reads and studies its pathology as diligently as certain Christians read the Bible. Nevertheless, if dentistry knew all that would ever be known about disease, the profession would know no more about health than it knows today.

I know an old man who can read print but who has never learned to read pen writing, nor has he ever learned to write. His elementary education can be said to be deficient. What must be said of dentistry regarding its knowledge of the physical states differentiated as disease and health? The parallel is very close.

DEMAND FOR DENTAL HEALTH

There is a great demand for dental health. Subconsciously, all dentists would desire to effect dental health could they but transfer their mental interest from the subject of disease to that of health. Each of these physical states possesses at least a caption for two separate sciences. The science of health is hygiene.

Dentistry will look in vain for the members of other professions to develop its basic sciences. All dental science is strictly dental. For the sake of physical well-being, the orderly progression of dental science is held to be from dental anatomy to dental physiology to dental hygiene (the science of dental health) and then to

dental pathology. The phenomena presented by disease can be but dimly comprehended unless the mind possesses an adequate knowledge of the relation that physical function bears to the existence of both health and disease. The comprehension of dental function can be expounded only under the caption, dental physiology, and knowledge of health can be comprehended from no perspective other than physiology. Hygiene is, therefore, an outgrowth of the science of physiology. It could not have existed, as it does today, except from the perspective provided by physiology.

To state the rational objective of dentistry with positive thought, it should be expressed as "development of health" rather than the "prevention of disease." Such a perspective shifts the mental point of view from pathology, the study of disease, to hygiene, the study of health. Children

in the elementary schools find little difficulty in shifting the perspective of their studies from reading to writing, from writing to spelling, or from spelling to reading. Dental subjects are equally closely related. And it goes without stating that a child can never learn to write unless he applies himself to the subject, whatever the subject may be. He cannot acquire a knowledge of reading unless he obtains some proficiency in spelling. Similarly, dentistry is attempting to express an intellectual symphony upon a Chinese fiddle possessed of but a single string. The objective of preventive dentistry, regardless of how the thought is expressed in words, resolves itself into a desire to provide physical ease for the teeth. Ease is the antonym of dis-ease. Both health and dis-ease are equally dependent upon the presence of life. Death possesses neither health nor disease.

551 Fifth Avenue
New York City

GOLD FOIL—The Return of the Prodigal

(Continued from page 1151)

radical departure from the Black method of cavity preparation inasmuch as the cavo-surface margin is eliminated.

The marginless preparation was designed especially for the mechanical engine mallet, as

the foil can be adapted without danger of injury to the margins.

Large gold foil class 1 restorations could never be made within thirty minutes without the mechanical mallet.

120 Broad Street
Red Bank, New Jersey



Ask **ORAL HYGIENE**

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Material of interest will be published.

IMPRESSION TECHNIQUE

Frequently an edentulous patient will present himself for a full upper impression, and an examination of the mouth reveals several deep undercuts on the buccal or labial surfaces. The dentist knows at once he will have to use much force causing considerable pain to the patient and then the impression will be fractured into many pieces; possibly some of the small pieces may be lost; and some of the other small pieces may be hard to assemble accurately in their proper places. Anyone will agree that the fewer and larger the pieces of impression are the easier it is to properly and accurately assemble them. I have devised a method for handling such cases and, in my hands, at least, it works satisfactorily. Here it is:

Select a proper sized metal impression tray. Rub a little vaseline inside it to make sure that your impression will not

adhere to the metal tray. Take a compound impression, not necessarily a very accurate one. Cut from the inside of the impression, especially on the labial and buccal sides, about one-eighth of an inch of the compound to make room for the plaster. Now, remove your compound impression from the metal tray. Take a small, fine-toothed carpenter's saw and saw your impression right along the medial line into two equal parts. Replace these two halves of the impression in your impression tray. Take a little soft carding wax and fill in the saw-cut in the impression. Now mix your plaster of Paris, or, much better, "Truplastic" as it is much easier to handle. Place it inside your compound impression, and carry it to the mouth taking a plaster impression.

When the plaster has set, remove from the mouth your metal impression tray *only*, then

take a large instrument (an elevator is good), place the edge of the elevator up in the saw-cut in the roof of the mouth and, with a little careful wriggling movement of the elevator, one-half of the impression will move to the buccal and downward and can be removed from the mouth; remove the other half of the impression buccally and downward. Now, you have a perfect plaster impression in two halves with just one fracture line straight down through the median line—no puzzle to put together; no small pieces to lose; no question as to where each part belongs. Place the two halves of the impression in your metal impression tray and pour your model.—N. P. SHEARER, D.D.S., Kenosha, Wisconsin.

MOTTLED ENAMEL

Q.—I am practicing dentistry in a community where there is considerable mottled enamel, and the fluorine content of the water is quite high. Almost daily I get questions concerning mottled enamel.

My advice to parents is to give their children distilled water until they are about nine years of age. Do children get enough salts in the food they eat if they drink distilled water, or should they have natural water? I have been advising my patients that they do get enough salts from their food and need not depend on water to supply them.

All the natural water around here contains fluorine.—K.E.S., D.D.S., Arizona.

A.—It seems to me that you are pursuing the right course

in regard to your young patients, but I would suggest as a further precaution that, in cooking breakfast food or other foods in which the water content is likely to become more concentrated by boiling, distilled water be used.

We do not depend on drinking water for necessary minerals, so the use of distilled water would make no difference with reference to the mineralized foods required. Just see that all of these children have at least a quart of milk daily in addition to fresh fruits, green vegetables, and eggs.—GEORGE R. WARNER

SEPTIC CEREBRAL EMBOLUS

Q.—A month ago I was called to the home of a patient, a woman who was complaining of severe pains in her left side, which had been diagnosed by her physician as a lung condition, blood pressure 200, endocarditis and pains in hip and knee joints. I also found that her teeth were in an unhealthy condition.

I extracted twelve lower teeth for her. In about two weeks her blood pressure came down to 170. A week later the patient died with a septic cerebral embolus.

Is it possible that this embolus was picked up from the field of operation and carried to the brain? —W.R.B., D.D.S., West Virginia.

A.—It is entirely possible for an embolus from any field of operation, even as late as three weeks, to be the cause of cerebral involvement. However, if the patient had endocarditis, it would be much more likely that the embolus came from the heart.—GEORGE R. WARNER

ACUTE ALVEOLAR ABSCESS

Q.—A patient presented herself with an acute alveolar abscess of the lower right second molar. It showed a swelling which had become hard to the touch. The patient has been applying ice packs on the outside of her face and hot packs inside of her mouth in that lower right area. She can hardly open her mouth.—H.V.D., D.D.S., New York.

A.—The procedure in the case presented in your letter would depend on the history and roentgen-ray findings. If you are satisfied, because of the length of time the abscess has been developing and the evidence of walling off in the roentgenogram, that a good pyogenic membrane has been formed, you would be justified in immediately extracting the tooth or incising the abscess. Surgeons do not like to open an incipient abscess because of the danger of metastasis. I should think your patient was ready to be operated on at the time she presented herself.—GEORGE R. WARNER

REMOVING NICOTINE STAINS

Q.—What do you recommend for cleaning the teeth to remove bad nicotine stains? Pumice and a brush or rubber cup do not seem to remove them. Do you have any prescription for a preparation used?—S.M., D.D.S., Minnesota.

A.—We remove all nicotine possible with scaling instruments, and then finish with pumice, using the rubber cup and the porte polisher with the wooden points. There are vari-

ous preparations put out to hasten the removal of these stains, but, to the best of my knowledge and belief, they all contain hydrochloric acid and are dangerous to the integrity of the teeth. Apparently, there is no shortcut in the removal of these nicotine stains.—GEORGE R. WARNER

TECHNIQUE FOR POST DAMMING

Q.—Will you outline a simplified technique for post damming so that I can improve my denture technique?—L. I. N.

A.—With the rim of a small mouth mirror held quite firmly against the lingual surface of each condyle separately, slide the mirror upward and backward until it drops up into the sphenomaxillary notch. Mark over these notches with an indelible pencil and connect the two with a line following the junction of the hard and soft palate. Transfer this line to the cast and with a No. 8 or 10 bur cut a groove in the cast along this line from $\frac{1}{2}$ to $\frac{2}{3}$ of the depth of compressible tissue demonstrable by following across the line with the edge of the small mirror used above pressed upward with quite firm pressure. With a knife, scraper, or scalpel, round the mesial angle of this groove or extend the compression mesially according to the width of the compressible tissue at various points across the distal periphery.—V. C. SMEDLEY

ROENTGEN RAYS AND BALDNESS

Q.—Five weeks ago we had occasion to take some roentgenograms for a woman, aged 40, to locate two impacted cuspids. One exposure was taken anteriorally and, as it was impossible to determine whether to make the incision labially or lingually, an occlusal view was attempted. The film was placed on the occlusal surface and held in place by the lower teeth, and the tube was adjusted above the head at about 7 inches target distance from the scalp. One exposure of 12 seconds was made but proved too thin, so we again attempted it with 15 seconds. We have a Victor Junior Dental Unit with a Coolidge tube with a maximum output of 10 milliamperes. We have used this machine for a period of seven years without a single accident of any sort and have made it a rule not to exceed 50 seconds at 10 M.A. on any one patient, but, of course, this is the first time we have found it necessary to direct this much on the scalp.

Our patient recovered from the operation without any particularly unusual trouble but, on washing her hair two weeks after, she obtained, as she expressed it, "hair in handfuls." Now, after five weeks, she has a spot on her scalp that is partially bald.

She is eager to do something about it and refuses to await developments. At present she is receiving violet ray treatments from a technician at a local hospital.

Are there any systemic disturbances that make certain persons more susceptible to the deleterious effects of roentgen rays than others? If so, what are they? Is it your opinion that the hair will or will not return?—K.F., D.D.S., Alaska.

A.—It is held that 1800 milliamperere seconds of roentgen-ray exposure with a $4\frac{1}{2}$ inch back up and about 18 inches target film distance in intra-oral work will cause a slight burning of the skin. Therefore, I have always kept my milliamperere seconds of exposure down to 1000 because I have been using a 16-inch target film distance and because I wish to have a wide margin of safety. Decreasing the distance from the target to the skin increases the danger of burn because the air filters out some of the burning rays.

It doesn't seem probable that 500 milliamperere seconds at 7 inches from target to skin would cause a depilation, but it is possible.

The hair will grow again. Usually it starts to grow after about three weeks, but this depends, of course, on the severity of the burn.—GEORGE R. WARNER

ASKS DENTISTS' AID IN IDENTIFICATION

The department of police of Elizabeth, New Jersey, is seeking to identify the body of a young man who was killed on June 6, 1934, in Elizabeth by a Pennsylvania Railroad train.

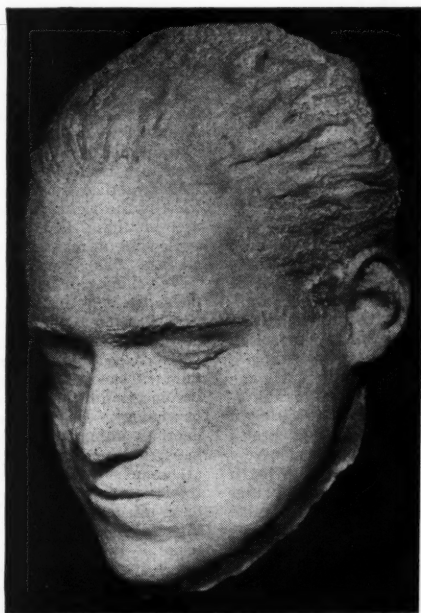
According to a description sent to ORAL HYGIENE by Frank Brennan, Acting Chief of Police, the young man was aged 24; white; weighed 155 pounds; was 5 feet 9 inches in height; of medium build; clean shaven; had a fair complexion; brown

eyes; dark curly, chestnut hair; pointed nose; and was apparently American in nationality.

The chart of his dental restorations, prepared by Doctor A. Degenring, showed: Upper right: one amalgam O., second molar; gold inlay MO, first molar; first and second bicuspids missing; gold foil M, lateral. Upper left: lateral, missing; cuspid, prepared for abutement (shell crown). Lower right: occlusal gold inlays, first and second molars; gold foil, second bicuspid O; lateral linguoversion. Lower left: occlusal gold inlays, first and second molars.

When found the man was wearing an Oxford gray suit; plain white shirt; athletic underwear; black and white cotton socks; green and blue colored suspenders; a bluish gray sweater, with a V shaped collar; black shoes, size 9½ D, made by William F. Douglas, No. 257720-J.

The photographic reproduction of the man's mask is shown here.



Any dentist who can give information concerning the identity of this man is asked to forward it to Frank Brennan, Acting Chief of Police, Elizabeth, New Jersey.



"I do not agree with anything you say, but I will fight to the death for your right to say it."

—Voltaire

NEW TERMS FOR OLD METHODS

During the past several years, the terms, "Selling Dentistry," and "Selling Talks," have been the cause of much argument in dental circles. Among certain groups these phrases have constituted the vulnerable point of attack against our economic procedures. Many men of fine reputation have admitted frankly that they intensely dislike these terms, but, for want of better expressions, have more or less adopted them.

There is also the group that is rabid against their use. The arguments set forth by these members of the profession are: first, comparison of practicing dentistry to selling a commodity; and second, that some dentists adopt a typical high-pressure salesman's attitude, reciting a sort of health talk as though health could be sold for so much money.

The writer has been occupying a sort of middle ground feeling that both groups might be right to some extent, but since no other thoughts were suggested, I have felt the necessity of carrying on and expressing myself according to the tenor or tone of those present.

The joint term, "Contract-Approachment," expresses what the writer feels is really accomplished up to the point of acceptance of the

contract by the patient. Instead of being sold, when the patient agrees to your outline of treatment, at that time, you have reached a "Contract-Agreement" with him.

The use of these terms, as defined, gives us as professional men a definite terminology for a very definite professional relationship. If their use could become general, I feel sure that the question of just what is the right phrase or term to use in these instances would be settled in a manner acceptable to all.

One thing can be said in favor of their use and that is the fact that we can refer to these terms in front of the patient or to the laity with perfect freedom, being confident that they will not feel as though they had become victims of well-handled sales psychology. Do not forget that a dentist's intimate friends, while perhaps they may not be his patients, are somebody else's. Even a casual reference to a procedure performed on a third person may leave a lasting impression on the friend, and make it just that much harder for his dentist to make him appreciate the health value of dentistry.

Incidentally, we must be careful in conversing with laymen regarding references to our work and affairs, for, when there is not sufficient explanation of the implied meaning

of such conversation, they might easily get a mistaken impression, even though such was not intended. I sometimes believe that this is one of the reasons for the attitude of some laymen toward mouth health. Without making ourselves disliked, it may readily be possible to dispel some of these attitudes through attention to such minor details as have been noted in this article.—G. J. JAMES, D.D.S., 9400 Euclid Avenue, Cleveland, Ohio.

A CODE OR NOT A CODE

A request has come to me for a survey of the dental profession with special reference to its attitude toward a code. As an economist I recognize this as a good sized order, for most members of the profession are so busy trying to gather in a few dollars that they pay little attention to this subject. Rumor has it that there are, however, a determined few who insist that we have a code even to the extent of forming a new national organization, if necessary, to get it.

Briefly, some of their arguments run this way: a code will immediately compel every dentist to join his national association, the same as in the industries. This will not only bring strength, but will bring to the front all controversial questions, to be settled for good with government sanction, such as dental advertising, panel dentistry, dental group insurance, free dental hospitals, and so on. They claim that if we ask for a code the government will give it, and that if our officials will put up a bold front, as the leaders in industry do, we will get our rights and cease to be milked by the public. They assert that a minimum fee bill, allowing the dentist to charge more if he desires, will be fair, and that it will be a serious loss if we fail to grasp this opportunity.

The arguments opposing the dental code follow these lines: that after a thorough investigation, the medical profession turned it down; that our leaders are mostly united against it; that the NRA is already beginning to be unpopular; that a profession

of services cannot be handled like an industry; that we do not wish too much government interference in our profession; and that we had better let well enough alone.

This impartial statement is simply an introduction to the subject. If we could get leaders on both sides to give a thorough analysis of the situation, then the profession could have time to study the question and decide what its attitude will be.—C. B. WARNER, A. M., D.D.S., Biloxi, Mississippi.

X-RAY TERMINOLOGY

Why, after so many years of radiographic development, have we not agreed upon a more euphonious and more descriptive term for dental x-ray examinations?

Why don't you editors take steps to discourage, on the part of your contributors, that vile-sounding misnomer, full mouth examination?

Did any of our members ever hear a surgeon or internist speak of a full (or empty) chest examination, full pelvis examination, full gall bladder examination, or a full stomach and intestine examination?

It seems to me that we have been very thoughtless in so generally accepting such a term as full mouth examination.

Can't we adopt terms that will be descriptive of our efforts and more in harmony with those of the medical diagnostician in his x-ray studies of the rest of the body?

He refers to his efforts as a complete gastro-intestinal series, a gall bladder series, a chest series, or an abdominal series, and so on.

Would it not be well for us to think of our examination as a complete (or a limited) dental series? The complete dental series to mean both extra-oral and intra-oral examinations of all teeth, and all areas of missing or unerupted teeth.

We might drop the word *complete* and designate our particular efforts to show what we mean, by using the following terms:

Periapical series—(14 or more inter-dental films—standard dental

x-ray examination.)

Inter-dental series—inter-proximal series or bite-wing series—(Horizontal exposures to show caries and inter-proximal conditions.)

Occlusal series—(Large films, vertical rays for locating unerupted teeth, impacted teeth, stones in the ducts, determining the extent of growths, etc.)

Extra-oral series—This may include:

Lateral jaw series

Sinus series

Facial contour series, etc.

The adoption of terms such as these would help to clarify our literature, lend dignity to the exact science of dental x-ray examination, and place the dentist's efforts more in harmony with the efforts of the physician, internist, and hospital.

Publishers, manufacturers, and dentists should all welcome some change in terms that will clarify and describe these procedures and help forever to dispel the idea of attempting to diagnose a full mouth.

In closing, I hope that these thoughts may lead to discussions that will result in progress for us all.

—WALTER A. LOOPE, D.D.S., 1808 Medical Arts Building, Cleveland, Ohio.

SHOULD DENTISTS FORM UNIONS?

The trend of recent articles shows that the average dentist is awakening to the fact that the old order changeth. Apparently he has not realized how fully this change has affected and will continue to affect him. The rapid growth of clinics and medical centers, coupled with the socialistic thinking of the country as a whole on health insurance, is pointing definitely to the end of private practice. Even if the good old days would come back this year or the next, it is doubtful if the private practitioner would get more than a mild boom before the clinics mushroomed out to absorb the increased demand.

Why must we muddle along, hopelessly waiting for the executioner's

axe to strike? Why not, as many writers have begged, anticipate the slaughter and grab the axe ourselves? We can then direct its descent and insure that no worthy object that dentistry has long striven for is sacrificed.

We can grab the figurative axe as individuals by preparing our minds and practices for the change, being ready to form quickly into groups for group or medical center practice as soon as the necessity arises, keeping our minds open and receptive to new ideas, and generally being alert and vigilant to protect our interests.

Meanwhile, as a profession, we must transform our local societies into active federations of dentists with the motto, "One for all, and all for one." Here and there dentists are forming credit associations, which is an excellent move; but it is only one step in the game. The most important one has not yet been attempted—the conversion of our loose knit scientific societies into material unions with minimum fee scales and police power over chisellers and other recalcitrants.

Healthful articles have appeared educating the dentist to the injury he works on his brother when he donates his services to welfare organizations. More of this must be done locally by each society among non-members, and each society must absolutely prohibit its members from working for any group or organization without adequate compensation.

The young men, particularly, must be signed up, because these are the readiest victims for the smooth-tongued social worker, with his or her glowing promises of great experience to be gained and future rewards to be dispensed. It must be remembered that the social worker is a professional sympathy raiser, most adept at all kinds of flattery; hence again the peculiar need for protection for the recent graduate, full as he is of inexperience, high ideals, generous self-sacrifice, and enthusiasm.

It would be well for each society to form its own pay clinic, with a

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salaried supervisor employing new men for the period of one or two years immediately after graduation. This would give the beginner his needed experience and financial start, satisfy a great public need, and keep both dentists and the public out of the institutions financed by laymen that are becoming such a menace to dentistry.

As the copy books have it. "Eternal vigilance is the price of safety!"

—WILLIAM PAUL KLEIN, D.D.S., 34 Prospect Street, East Orange, N. J.

FAVORS DENTAL RELIEF

I wish to take this opportunity of expressing myself as in accord with your article *Dental Relief For The*

Profession by M. Gilbert¹, as published in the June ORAL HYGIENE.

I believe that this is the most practical and most "graft-free" plan that I have yet heard about. It will help those who need it most, both in and out of the profession. It will allow dentists to pay supply bills; and the worthy deserving public will also receive help.

I am not alone in expressing myself so, for I talked with several on the subject, and they, like myself, are in favor of such a plan if it could be worked out.—R. D. JOHNSTON, D.D.S. 2029 W. Broadway, Minneapolis.

¹Gilbert, M., *Dental Relief for the Profession*, ORAL HYGIENE 24:861 (June) 1934.

Writers are required to confine themselves to 150 to 200 words when writing for the DEAR ORAL HYGIENE Department.

NEW YORK DENTAL OFFICE ROBBED

Among the many racketeers who are preying on the dental profession is a petty thief operating in New York City. One of his recent victims is Doctor David B. Ast, 1565 Grand Concourse, New York City, who reported his experience in the following letter to ORAL HYGIENE:

"On Friday, June 22, a man who called himself Mr. Brown telephoned my office and was told by the maid that I was not in. An hour later a Doctor Green presented himself at my office as a personal friend of mine. Saying he was disappointed at not finding me in as he had been ill and had traveled all the way from White Plains just to see me, he asked the maid if he might write me a note, which he proceeded to do. While he was writing he asked for a glass of cold water. After the maid had gone to the kitchen to get it, he rifled my cabinet and stole some scrap gold and four gold dentures, which were in the process of construction.

"This man was about 35 years of age, heavy set, 5 feet 7 inches in height, had a ruddy complexion and a small mustache."

Dentists are urged to watch for this man and assist in apprehending him.



DENTISTS IRKED BY CONSUMER'S TAX

Convinced that they are being discriminated against in the collection of the consumer's sales tax, the dentists of West Virginia registered a vehement protest at the meeting of their State Dental Society at Waldo, West Virginia.

Declaring that dentists are compelled to pay a sales tax on dental supplies which they purchase, while physicians are exempted from such a tax, Doctor W. E. H. Caldwell, of Wheeling, vigorously attacked certain provisions of the measure. Although he said that he had no objection to the sales tax, which he believes to be fair, he pointed out that the physicians gained their exemption from payment of a sales tax on supplies which they purchased for use in their profession under a "personal health service" clause.

This is unfair to the dentists, he contended, because they also represent a public health service body and should be placed on the same plane

as the physicians. In order to "investigate and remedy the situation, if possible," a motion was passed directing the ad interim committee of the society to confer with Fred L. Fox, state tax commissioner and see what satisfaction could be obtained.

SOCIALIZED DENTAL CARE PROPOSED IN NEW YORK

The proposal to give each of the 1,250,000 school children in New York City free dental care at a cost per child of \$8.06 a year was made in a report presented recently to the executive council of the State Dental Council at Buffalo, New York.

Doctor Alfred Walker, head of the committee on community dental problems of the New York Tuberculosis and Health Association, which compiled the report, says in it that "complete dental care for the entire community is necessary as a health and an economic value" and that the only way to accomplish this is to begin den-

tal care of all children starting at the age of two.

Estimated cost of such a program for the children would be \$10,074,000. And in the report Doctor Walker pointed out the importance of extending dental service further. The second class of the population needing care, according to Doctor Walker, included those adults who have nearly all their teeth present and in such condition that preventive dentistry can be applied. The third, and largest class, he added, included those requiring radical operations and artificial restorations.

"In our study of thousands of adults of the white collar class," Doctor Walker said, "we find that the total cost of his dental rehabilitation in a self-supporting pay dental clinic would be \$84. The average adult of thirty-three years, in the group examined, has five carious cavities and six teeth previously extracted—more than one-third of his teeth involved. This is a startling figure because it is probably average for the adult population. Only 11 per cent have no decayed teeth, and only 9 per cent have all teeth present and none to be extracted."

OCTOGENARIAN PRACTICES DENTISTRY

Because he is still a practicing dentist at the age of 86, Doctor G. G. Platt's friends insist that to him should go the undisputed distinction of being

the oldest practicing dentist in the United States. He maintains his office in White Plains, New York.

SECRETS REVEALED BY DENTISTRY

History and archaeology owe much to dentistry. To it must go the credit for some important discoveries. A Revolutionary hero who fell at Bunker Hill was identified only because Paul Revere remembered the kind of dental restorations he had fashioned for him. And archaeologists have been able to trace a relationship between the most brilliant of all ancient Americans, the Mayan Indians of Yucatan and the Zapotec Indians of Monte Alban, in Southern Mexico, through the aid of dentistry. Human front teeth inset with tiny disks of iron pyrite—sometimes called fool's gold because of its valuable-looking glint—found in Monte Alban tombs supplied the link between the two Indian tribes sought eagerly by archaeologists for many years.

MAYOR APPROVES OF GUGGENHEIM CLINIC

On a recent visit to the Guggenheim Dental Clinic, 422 East Seventy-second Street, Mayor F. H. LaGuardia, New York City, expressed entire approval of the work done at the clinic and declared that he hoped every public institution in the city would some day reach the Guggenheim standard.

Each day the institution, through its staff of forty-four dentists and their clinical assistants, gives free treatment to 250 children from the public schools and day nurseries in eastern Manhattan. The clinic was established in 1931 by Murry Guggenheim and his wife, Mrs. Leonie Guggenheim, who together created a fund of \$3,000,000 to finance the institution and to provide the \$110,000 necessary annually for its maintenance.

FROM MOLARS TO MASTERPIECES

Out of his efforts to use photography to assist him in the correction of children's dental defects, Doctor Harry Wright, one of Philadelphia's leading orthodontists, has developed the fascinating hobby of photographic portraiture, according to an illustrated story in the *Philadelphia Record*.

Because he was convinced that it would be helpful to take pictures of the jaws and mouths of children who came to him for orthodontic work, Doctor Wright resurrected an old camera and began snapping pictures of his little patients as soon as they had their mouths open.

But it was not until the art editor of the *Record*, needed a photograph of Harry Kidd, the artist, in a hurry, that Doctor Wright became a big-league photographer. Armed with a few aluminum pots to use as reflectors and his old camera,

he dropped in on the artist in his studio and photographed him almost before he knew what was going on. So successful was this picture that Doctor Wright took to photographing celebrities whenever he had time off from his practice.

His pictures of artists, writers, and musicians have been hung in the Mellon galleries where they created a sensation. One of them, showing Doctor Roberts Ivy performing an operation in Graduate Hospital, has taken prizes all over the country. Despite the fact that he is winning awards everywhere, Doctor Wright insists that he will always be an orthodontist. To him photography will remain a diverting hobby.

PIONEER DENTIST OF KANSAS DIES

With the death of Doctor Frank O. Hetrick in Ottawa, May 17, Kansas has lost one of the most respected and beloved of its pioneer dentists. Long before the first railroad made its way through Ottawa, Kansas, Doctor Hetrick began the practice of dentistry which he continued for 52 years.

Intensely interested as he was in the development of the profession in Kansas, where he served as president of the Kansas State Dental Association, he never limited his activities to that state. Besides serving a term as president of the National Board of Dental Examiners and as president of

the American Dental Association, he was also chairman of the national association's most important research commission for a long period of years.

TEETH MAKE IDEAL TARGET

If you know how, it's very simple to catch a bullet with your teeth. At least that's the impression Theodore Anneman, a magician of Waverly, New York, gave recently when he demonstrated his most daring trick before the convention of the International Brotherhood of Magicians in Batavia, New York. With apparent ease, Anneman caught a bullet in his teeth. The bullet was fired by a Texas ranger from a 22 caliber army rifle at a distance of fifty feet. It was the eighth of its kind that Anneman has caught in performing this feat, which has cost the lives of at least twelve magicians, who, Anneman said, "didn't know how to catch the bullets properly."

DOCTOR BROWN VISIONS SOCIAL JUSTICE

"The day for the ease and comfort of the few, at the expense and suffering of the many, is fast passing into oblivion," said Doctor Homer C. Brown, of Columbus, Ohio, past president of the American Dental Association, in an address before the meeting of the West Virginia State Dental Society.

"Rugged individualism," he said, "has played a conspicuous part in the progress of all ages, but with the advent of some of the recent changes, it would seem that a closer coordination of effort is fast gaining recognition, as an essential for improving our social, political, and economic status."

Emphasizing the fact that the history of every civilization is replete with such readjustments to meet constantly changing conditions, he pointed out the necessity for the dental profession to take steps to make whatever readjustments will contribute to the greatest good for all, bringing to everyone the advantage of dental service.

NEW YORK DENTAL CENTENNIAL

The New York Dental Centennial meeting to celebrate the hundredth anniversary of the founding of the first dental society, The Society of Surgeon Dentists of the City and State of New York, will be held at the Hotel Pennsylvania, New York City, December 3-7, inclusive.

JEALOUSY

in the Professions

By EDWARD HARRISON TOLER, D.D.S.

THE mental activity of man is a composite of many conflicting emotions—positive, negative, good, and bad. In this article I wish to call attention to one which I consider foremost among the deterrents of progress, in life generally—in dentistry specifically. There are few of us who do not on occasion have to do battle with that great monster and infamous destroyer of happiness—*jealousy*.

That jealousy plays havoc in the careers of actors and politicians is a matter of common knowledge to the man in the street. That this devastating influence runs rampant in the professions of dentistry and medicine is not so well known to the laity, but we on the inside know it only too well.

Much is heard nowadays of youth movements in politics, here and abroad. The young of the world are dissatisfied and, in many instances, rightly so, with the old order of things. A mighty army is rising in rebellion against the orthodoxy of yesterday and today.

If youth succeeds it is to be hoped that the evil of old methods will be rejected, the good retained. Too often in revolution the entire system is overturned—a new and untried order takes its place, and we find ourselves still confronting the old problems in different form.

Why?—Because human nature has not changed with the changing of the régime. *Hate, greed, jealousy* still stalk the earth.

There is a feeling prevalent among younger members of political groups that the parties are dominated and controlled, not only by the older members, but by cliques and groups among the older members. Perhaps, also, there exists this sentiment among younger members of professional societies.

In all organizations there are cliques. It is true now, whether we like it or not; it will always be true. In my opinion competition makes for a healthy condition of the organization as a whole, provided the winners are good winners, the losers, good losers.



There is a feeling prevalent among younger members of political groups that the parties are dominated and controlled, not only by the older members, but by cliques and groups among the older members.

In organizations consisting of young, old, middle-aged, we usually find the older members holding the balance of power. And why not? Have they not spent years, perhaps their lives, working and striving to attain the position occupied? Should there be no reward for faithful service—work well done?

The feeling of the young man, of course, is one of impatience. He finds it hard to reconcile himself to the long road with an ultimate reward; he is anxious to climb—to climb fast—to reach the top of the ladder and stay there.

Ah! There it is. To reach the top—and *stay there*. When the top rung is achieved, there are always those below, younger still—impatient, grasping, pushing, struggling to unseat the one at the top.

1410 Bryant Building,
Kansas City, Missouri

Is this to be a world of power, success in the twenties, and the discard at fifty, or is it to be a world of continual progress from the day of birth until the call of death?

We are making no attempt to prove that the young man should not fight to succeed early in life. There are many financial and professional organizations wherein youth has achieved conspicuous success by dint of sheer ability and courage. This, too, is right. But may those of us who try, only to fail, remember to be good sports—not to be jealous of the older man, who, perhaps like ourselves, has failed in youth only to triumph in later life.

Let us be decently tolerant if this man fights to hold on for a bit in that moment of victory which is all too short.

LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He MAY print it—but he won't send it back.

The young wife was in tears when she opened the door for her husband. "Your mother insulted me," she sobbed.

"My mother!" he exclaimed. "But she is a hundred miles away."

"I know, but a letter came in for you this morning and I opened it."

He looked stern. "I see, but where does the insult come in?"

"In the postscript," she answered.

"It said: 'Dear Alice, don't forget to give this to George.'"

Car Owner: "I locked the car up before we left it, and now, confound it, I've lost the key!"

Wife (helpfully): "Well, never mind, dear! It's a fine night—we can ride home in the rumble seat."

"You've heard what the last witness said," persisted the counsel, "and yet your evidence is to the contrary. Am I to infer that you doubt her veracity?"

"Not at all," the polite young man replied as he waved a deprecating hand. "I merely wish to make it clear what a liar I am if she's speaking the truth."

Barber: "Any particular way you'd like your hair cut?"

Customer: "Yes. Off."

Facetious One: "Why so gloomy, old chap?"

Gloomy One: "Just heard my uncle has cut me out of his will. He's altered it five times in the last two years."

"Ha! Evidently a fresh heir fiend—what?"

Alice: "Don't you want to be the kind of girl that people look up to?"

Betty: "No; I want to be the kind of girl that people look around at."

"My husband has promised to allow me to choose what I want for my birthday."

"Oh, then there will be no surprises this year."

"Yes, there will. He will get the bill."

A stout woman said to a little boy: "Can you tell me if I can get through this gate to the park?"

He said: "I guess so. A load of hay just went through."

"Do you think they approve of my sermon?" asked the newly appointed minister.

"Yes, I think so," replied his wife, "they were all nodding."